

Name
in
Full

Sister Celestine Addelsberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Mar.</i>		Day <i>8</i>		Age <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Penna.</i>			
Occupation <i>Sister of Charity</i>		Where Residing if not at place of death <i>St. Agnes Hospital</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Addelsberger</i>		Father's Birthplace <i>Penna</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Sister Laura</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>		How long <i>2 days</i>	
Immediate <i>Appendicitis</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. L. Taylor, M.D.</i>	
		Address <i>St Agnes Hospital</i>	
Accident or Suicide?			

159

Name
In
Full

Robert Jerome Aikin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gorham* Town*Balto* CountyDate of death *1909* Month *Mar*Day *5*Age *40* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Baltimore*Occupation *Clerk*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Lucy E. Aikin*Father's Name *Marshall K. Aikin*Father's Birthplace *Balto.*Mother's Maiden Name *Mary V. —*Mother's Birthplace *Balto.*Name of person giving information *Marshall Aikin*How related to deceased *Brother*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis*How long *3 years*Immediate *C. L. Austin from Infection*How long *2 wks*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Dr. H. Hocking

Address

Sta. 10. Baltimore

Accident or Suicide?

PHYSICIAN
OR CORONER

New Cathedral
Cemetery

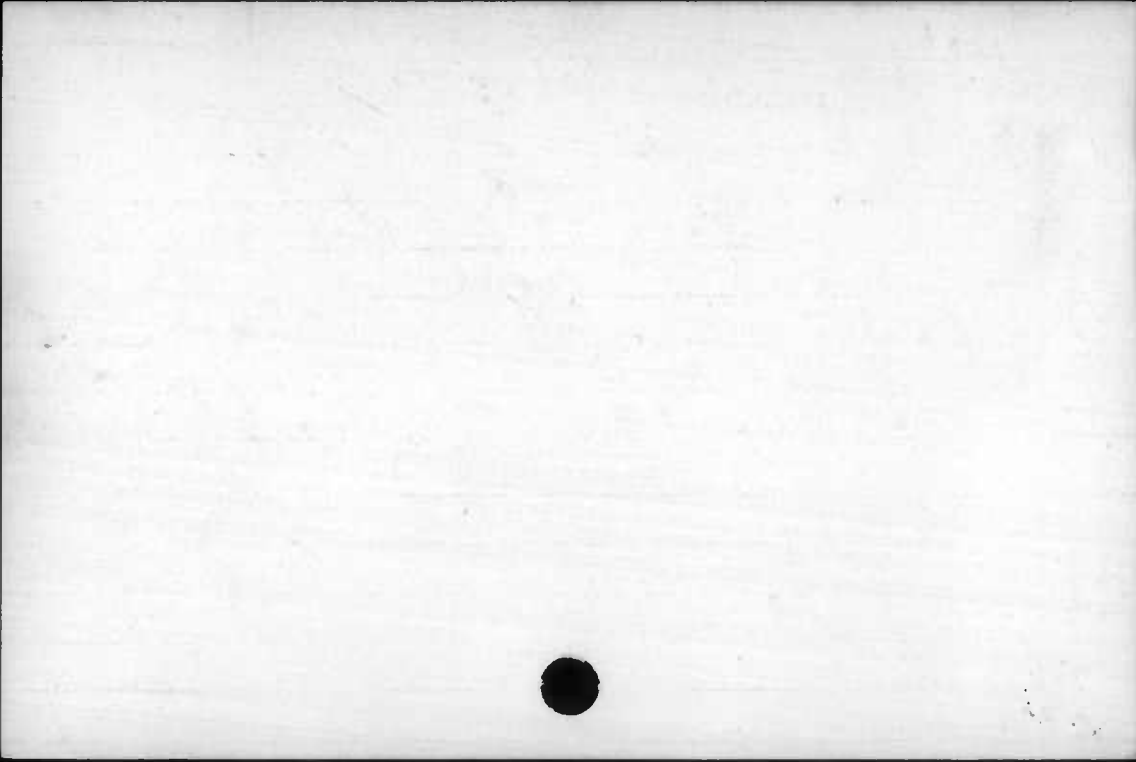
C. A. Widfield Jr
2113 Sunmount Ave

Glennwood Ave

Ball's Store

Last house left hand
side

Name in Full		Baby Allen.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Catonsville		County Baltimore		MARYLAND	
	Date of death		1909	Month March	Day 16	Age 6 mos	in Months Utero	
	Sex		male		Color or Race Cald		Birth-place	
	Occupation				Where Residing if not at place of death Catonsville			
	Married, Single or Widowed		Single		Name of Wife or Husband none			
	Father's Name John Jones.				Father's Birthplace Howard Co			
	Mother's Maiden Name Stella Allen				Mother's Birthplace "			
Name of person giving information Willis Allen				How related to deceased Grand Father				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	6 mos in Utero.				(S)			
	Immediate				How long			
	Still Born.							
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
yes				Marshall B West				
				Address				
				Catonsville				
Accident or Suicide?				And 1				



Name
in
Full

Estelle Allw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

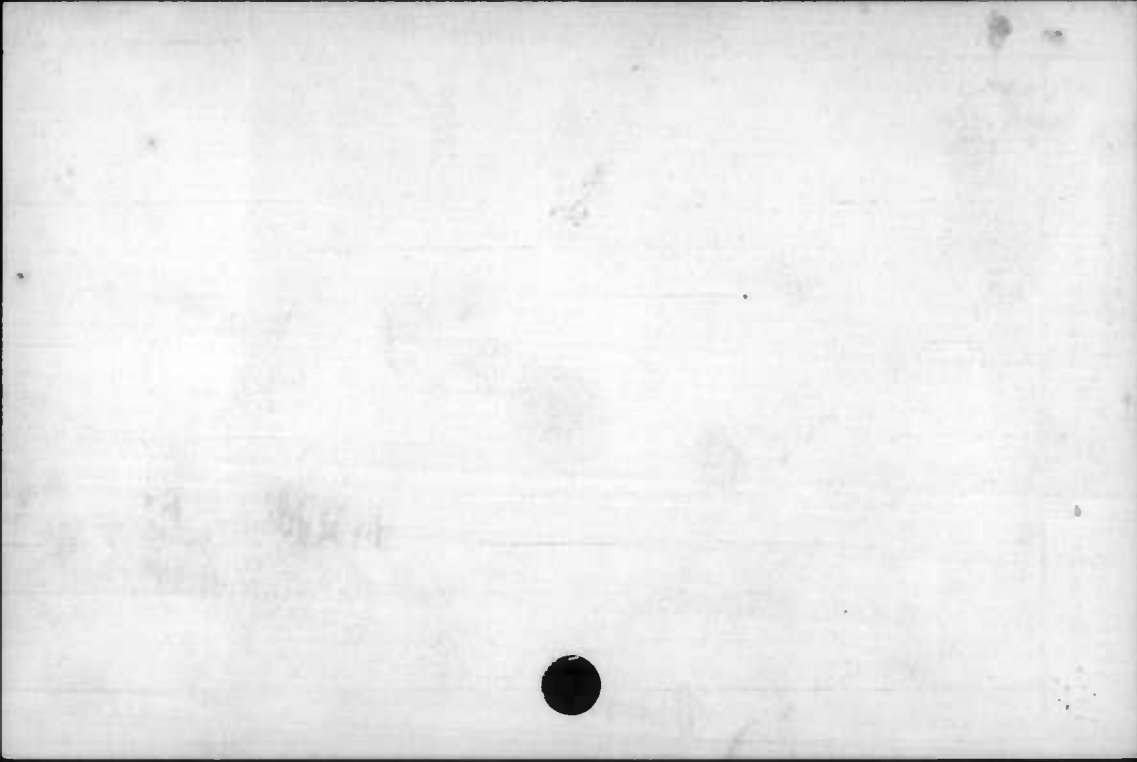
Died at Catonville <small>Town</small>		Balto <small>County</small>		MARYLAND	
Date of death 1909	March <small>Month</small>	31 <small>Day</small>	19 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
Sex female	Color or Race Cul'd	Birth-place Howard Co			
Occupation Housework	Where Residing if not at place of death Catonville				
Married, Single or Widowed Single	Name of Wife or Husband none				
Father's Name Willis Allen	Father's Birthplace Howard Co				
Mother's Maiden Name Mary C Marshall	Mother's Birthplace Howard Co				
Name of person giving information Willis Allen	How related to deceased Father				

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	Measles.	How long	6 weeks
Immediate	Pneumonia	How long	8 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B. West
		Address	Catonville, Md.,
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Albert James Bell Almony.

Died at *White-Town Hall* *Baltimore* County

MARYLAND

Date of death *1909* Month *March* Day *31* Age *74* Years Months *9* Days *7*

Sex *Male* Color or Race *White-* Birth-place *Baltimore Co.*

Occupation *Farmer.* Where Residing if not at place of death _____

Married, Single or Widowed *Widower* Name of Wife or Husband *Joanna Hampshire*

Father's Name *Henry D. Almony* Father's Birthplace *Baltimore Co.*

Mother's Maiden Name *Anna Bell.* Mother's Birthplace _____

Name of person giving information *William H. Almony* How related to deceased *"Brother."*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

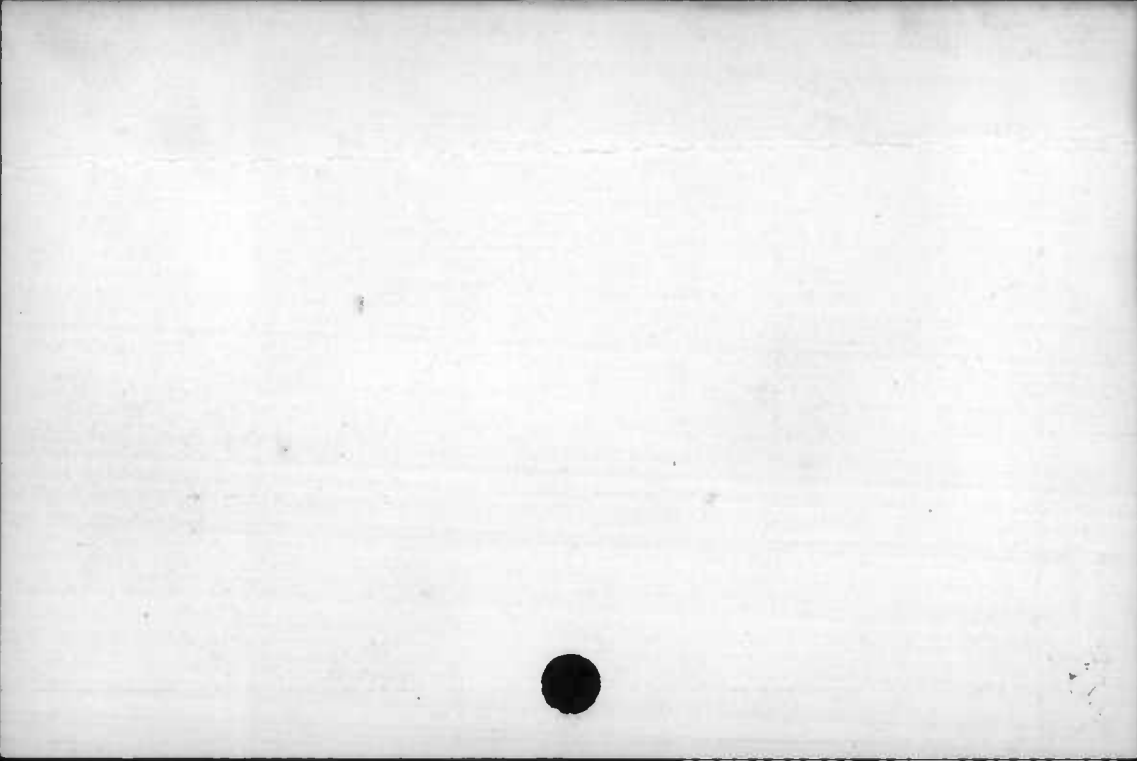
Primary *Chronic Nephritis.* How long *5 years.*

Immediate *Uraemic* How long *70 days.*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *W. Millard Stelling*

Address *White Hall,*
md.

Accident or Suicide? _____



Name
in
Full

Mary Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Wash. Washington*

Town

Baltimore

County

MARYLAND

Date
of death

1909

Month

March

Day

9

Age

Years

46

Months

4

Days

Sex

*Female*Color or
Race*White*Birth-
place*Pennsylvania*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*James Bailey*Father's
Birthplace*Co. Limerick, Ireland*Mother's
Maiden Name*Anne Tugahm*Mother's
Birthplace*Co. Meath, Ireland*Name of person giving
Information*Margaret Bailey*How related
to deceased*Sister*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

2 months

Immediate

Pulmonary Tuberculosis

How long

*10 months*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*Dr. Josiah S. Bowen*

Address

*Wash. Washington,
Balto. Co. Md.*


Accident or Suicide

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

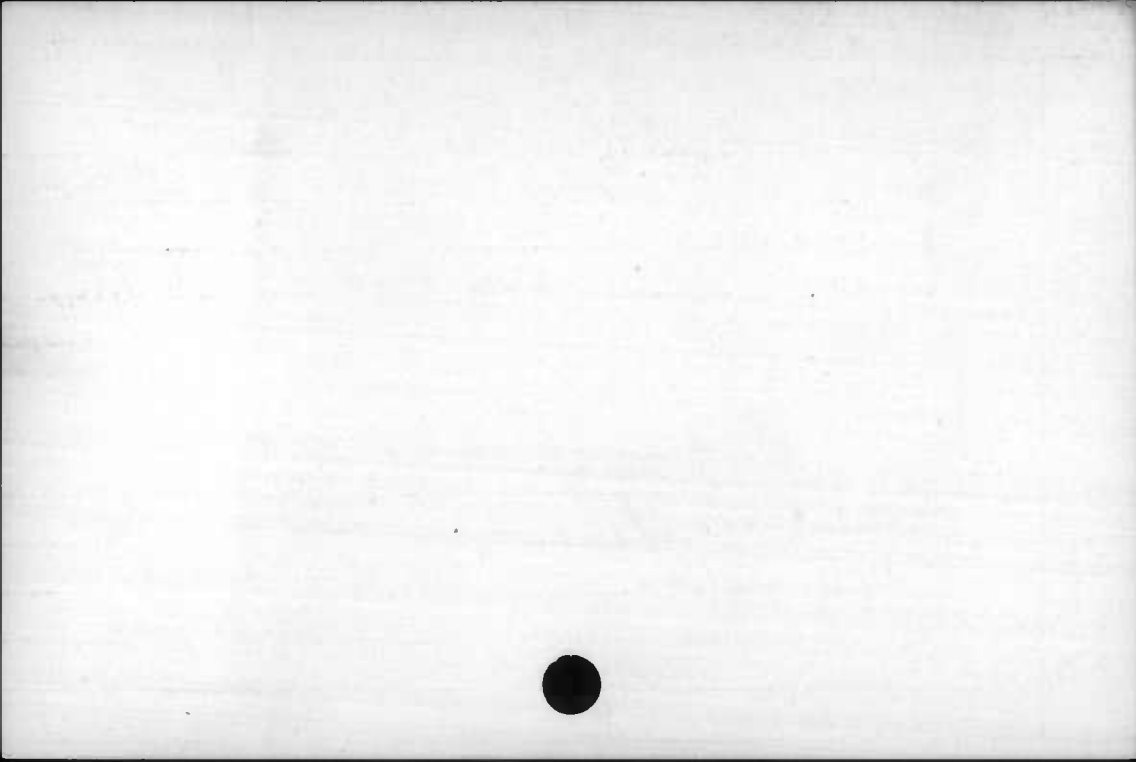
606 & 608 W. LaFayette Ave.

TELEPHONE 1993.

*St. Mary's Cemetery
Grove*



Name in Full Willie Banto		CERTIFICATE OF DEATH	
Died at Marbella Town		Baltimore County	
Date of death 1909 Month March Day 26		Age 15 Years Months Days	
Sex Male Color or Race Colored		Birth-place Maryland	
Occupation School Boy		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Alexander Banto		Father's Birthplace Virginia	
Mother's Maiden Name Martha Cole		Mother's Birthplace Maryland	
Name of person giving information Elyza White		How related to deceased Cousin	
		CAUSES OF DEATH	
Primary Tuberculosis (General)		How long One year	
Immediate Exhaustion		How long about one month.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Frederick L. Parkinson	
		Address Coroner	
Accident or Suicide?		Ch. Townsend	



Name
in
Full

Mrs. Annie F. Barrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

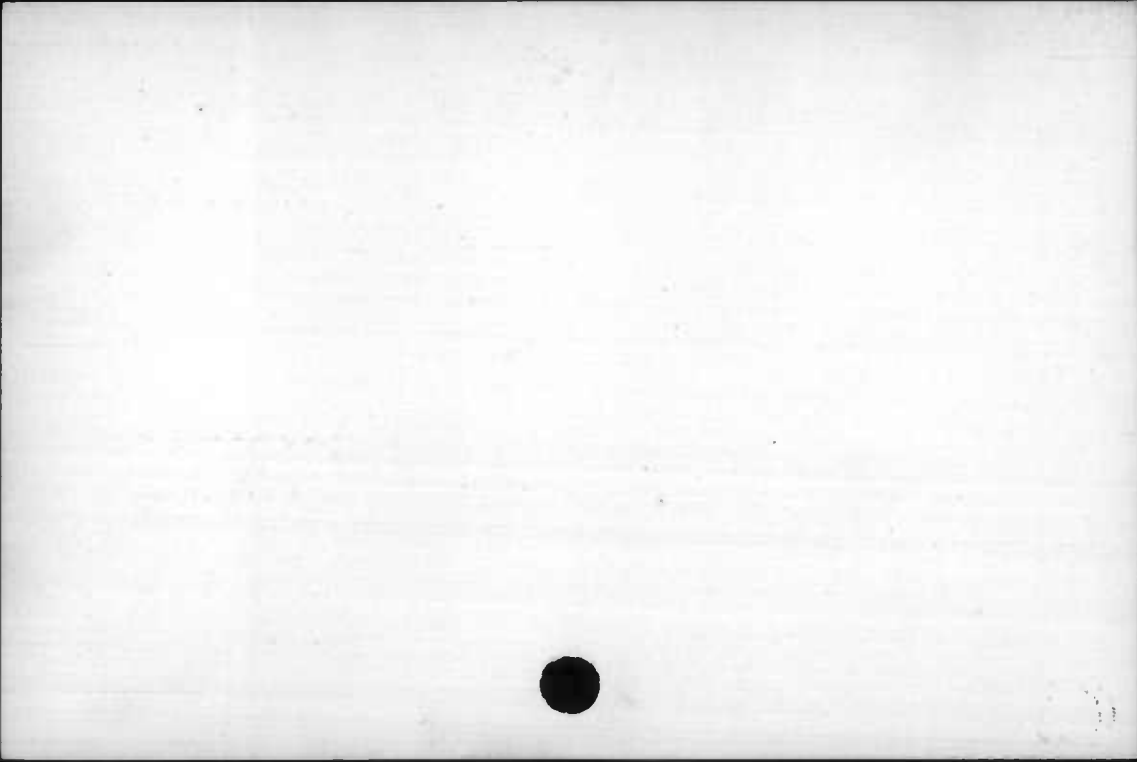
Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1909	Month	3	Day	13	Age	40
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	Laundress			Where Residing if not at place of death <i>104 - S. Addison Al.</i>			
Married, Single or Widowed	Wid.		Name of Wife or Husband	Unknown			
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	"
Name of person giving information						How related to deceased	

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary	<i>Myocarditis & Localized Peritonitis</i>	How long	<i>18 days</i>
Immediate	<i>Myocarditis & Localized Peritonitis</i>	How long	<i>18 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S. L. Taylor</i>
		Address	<i>St Agnes Hospital.</i>
Accident or Suicide?			



Name
in
Full

William Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Raspeburg</i> ^{Town}		<i>Balt.</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>3</i> ^{Month}	<i>24</i> ^{Day}	Age <i>30</i>	<i>4</i> ^{Months}	^{Days}
Sex <i>M.</i>	Color or Race <i>negro</i>		Birth-place <i>St. Mary's Co. Ind.</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>M.</i>	Name of Wife or Husband <i>Mary Baker</i>				
Father's Name <i>Benedict Barnes</i>	Father's Birthplace <i>St. Mary's Co. Md.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>..</i>				
Name of person giving Information <i>Mary F Barnes</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Florida</i>	How long <i>Unknown.</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. L. Wilkinson</i>
	Address <i>Raspeburg Ind.</i>
Accident or Suicide <i>Neither.</i>	

15
F. Laessle & Son
London Cemetery

for photograph

Name
in Full

Conrad Behr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{City} County Balto ^{County} MARYLAND

Date of death 190 9 Month Dec Day 21st Age 74 Years Months — Days —

Sex Male Color or Race White Birthplace Germany

Occupation Laborer ^{Where Residing if not at place of death} 2159 Clinton St.

Married, Single or Widowed Married Name of Wife or Husband Mary Spearline

Father's Name Dont know Father's Birthplace Germany

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information Mary Behr. How related to deceased Wife

CAUSES OF DEATH

Primary Arterio-Sclerosis How long 5 years

Immediate Endocarditis How long 2 years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. J. McAvoy M.D.
839 S. Canton St.

Accident or Suicide

PHYSICIAN
OR CORONER

Sacred Heart Cemetery

Mch 30th 09

Lilly and Zeiler

Name
in
Full

Rosie Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} 4308 Third at Highland		^{County} Baltimore Co		MARYLAND	
Date of death 1909	Month March	Day 22	Age 38	Years	Months
Sex Female	Color or Race White		Birth-place Maryland		
Occupation Household duties		Where Residing if not at place of death At place of death			
Married, Single or Widowed		Name of Wife or Husband Charles Bennett			
Father's Name			Father's Birthplace Germany		
Mother's Maiden Name M. Grosskopf			Mother's Birthplace "		
Name of person giving information Chas. Bennett			How related to deceased Husband		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia Lobar	How long
Immediate		How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. H. Phipps
		Address 3200 Harrison St.
Accident or Suicide?		

J. B. Schuh & Son
3415 E. Baltimore St
Oak Lawn cemetery
Date of burial Mar. 25th
1909

Name
in
Full

Rudolph T. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rossiter		County Balt		MARYLAND	
Date of death	1909	Month Mar	Day 19	Age 67	Years	Months	Days
Sex	Male		Color or Race	white		Birth- place	md
Occupation	Eng. in navy			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	David C. Bennett				Father's Birthplace	md	
Mother's Maiden Name	Blanch L. Richardson				Mother's Birthplace	md	
Name of person giving Information	David C. Bennett				How related to deceased	Brother	

CAUSES OF DEATH

Primary	Bright's Disease	How long	120	2 years
Immediate	Heart Failure	How long	instant	

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

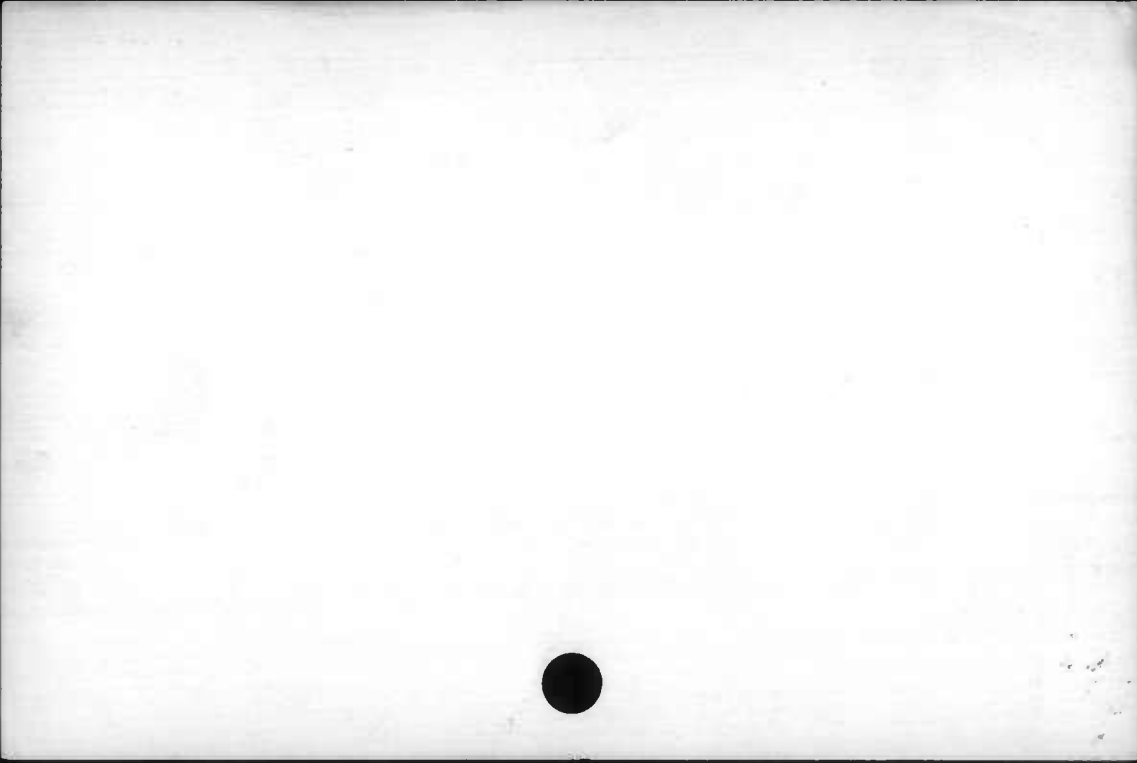
J. H. St. James, M.D.
Middle River, md

Accident or Suicide

no

PHYSICIAN
OR CORONER

1



Name
in
Full

Bertha Rose Birmingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Md. City for Feeble Minded ^{County} Baltimore

MARYLAND

Date of death 1909 Month 3rd Day 24th Age 19 Years Months 2 Days 6

Sex Female Color or Race White Birth-place Baltimore City

Married, Single or Widowed Single Occupation Nurse of Md. City for Feeble Minded

Name of Wife or Husband None

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Frank W. Gentry, Son How related to deceased None

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 11 months

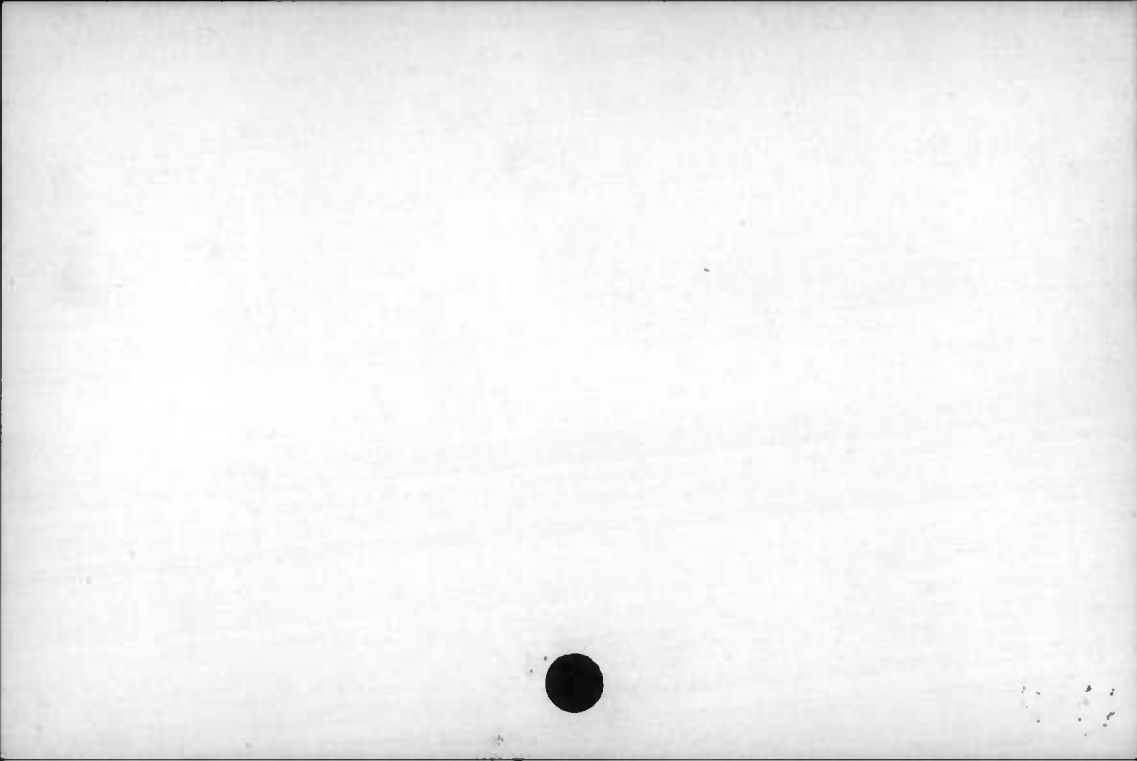
Immediate By Asthenia & Exhaustion How long Gradual

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Frank W. Gentry, M.D.

Address Avinger Mills

Accident or Suicide? Neither

PHYSICIAN
CORONER



Name
in
Full

Elizabeth Bollinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

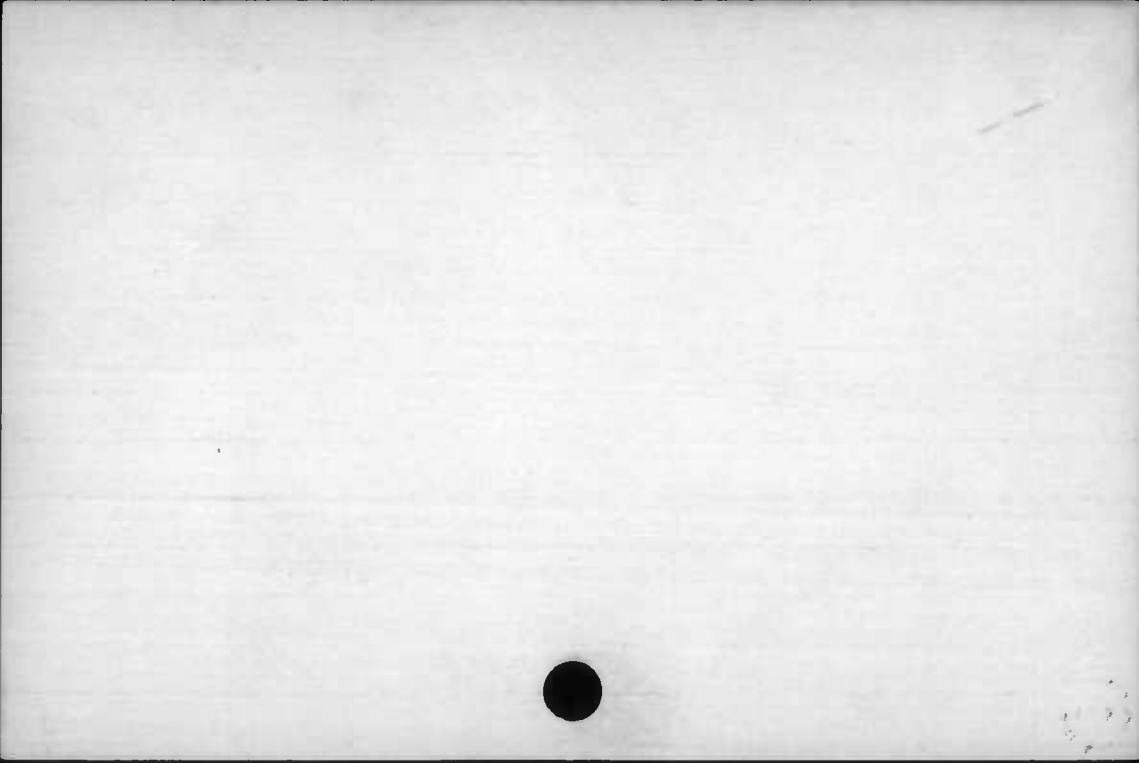
Died at		Town Reisterstown		County Baltimore		MARYLAND	
Date of death 1909	Month March	Day 17	Age 74	Years 74	Months 8	Days —	
Sex Female	Color or Race White		Birth- place Carroll Co. Md.				
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband		Emanuel Bollinger					
Father's Name		John W. Breckinridge				Father's Birthplace Carroll Co. Md.	
Mother's Maiden Name		Elizabeth Stuewig				Mother's Birthplace Carroll Co. Md.	
Name of person giving In formation		Wesley Bollinger				How related to deceased Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Paralysis following apoplexy	How long	42 Years.
Immediate	Senile decay - dilated heart	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		James Gore Md.	
Address		Reisterstown Md.	
Accident or Suicide?			



Name
in
Full

Wm H Bosley

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Boring**Balto*

Date

of death 1909

Month

3

Day

19

Years

73

Age

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*Farmer & Wood choppers*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Married*Name of Wife or
Husband*S. I. Burton*Father's
Name*Not known*Father's
Birthplace*Unknown*Mother's
Maiden Name*Not known*Mother's
Birthplace*Unknown*Name of person giving
Information*Lincoln Bosley*How related
to deceased*Son*

CAUSES OF DEATH

54

Primary

Pernicious Anemia

How long

2 yrs

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. H. Wilson*

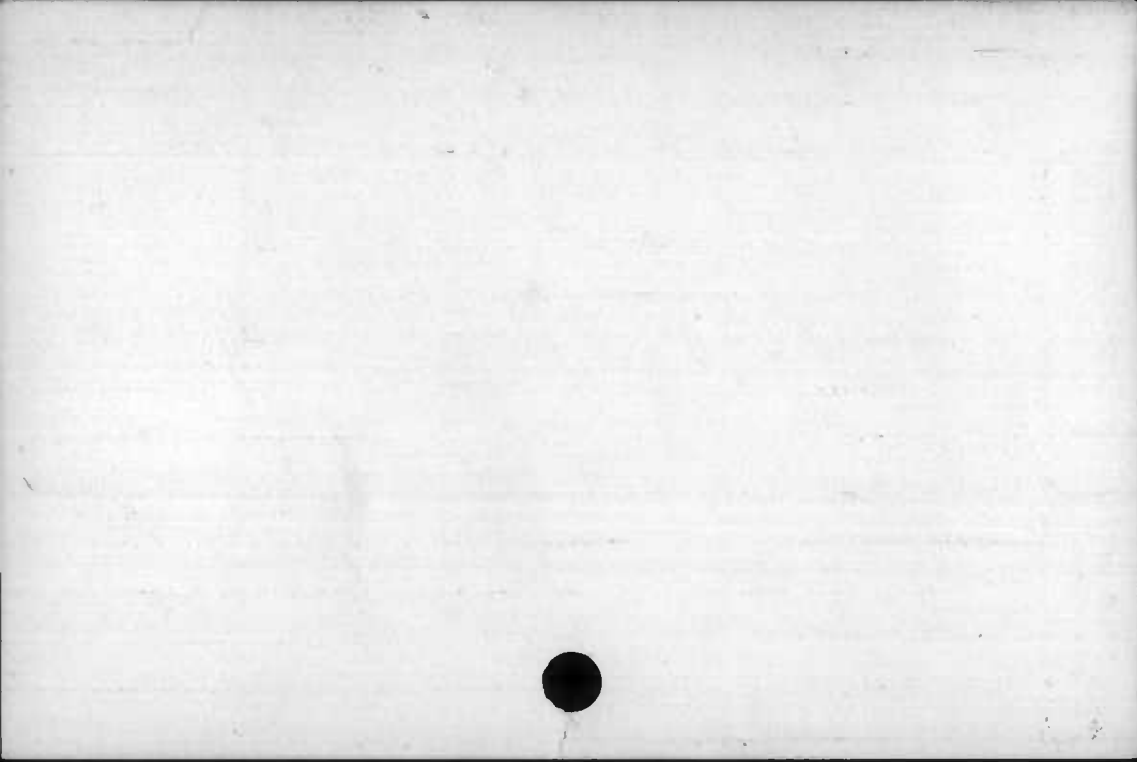
Address

Fowlesburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Highlandtown* Town*Baltimore* CountyDate of death *1909* *Mar* Month

Day

Age

Years

Months

Days

Sex

*Male*Color or
Race*white*Birth-
place*Baltimore Md*

Occupation

*None*Where Residing if not
at place of death*Highlandtown*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Harry L. Bradley*Father's
Birthplace*England*Mother's
Maiden Name*Mario M. Burmeister*Mother's
Birthplace*Baltimore Md*Name of person giving
In formation*Harry L. Bradley*How related
to deceased*Father*

CAUSES OF DEATH

93

Primary

Pneumonia

How long

two days

Immediate

Oedema of the lungs

How long

*one day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Frank A. Combs M.D.
2221 E. Baltimore St
Baltimore Md

Accident or Suicide?

PHYSICIAN
OR CORONER

1

5 Reform Cemetery 3/15/09
Christian Miller
2334 Jefferson St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>3</i>	Day <i>23</i>	Age <i>74</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Piquima</i>		
Occupation <i>Wheel Right</i>	Where Residing if not at place of death <i>Pikesville</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>				
Name of person giving information <i>R. C. Stinson</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

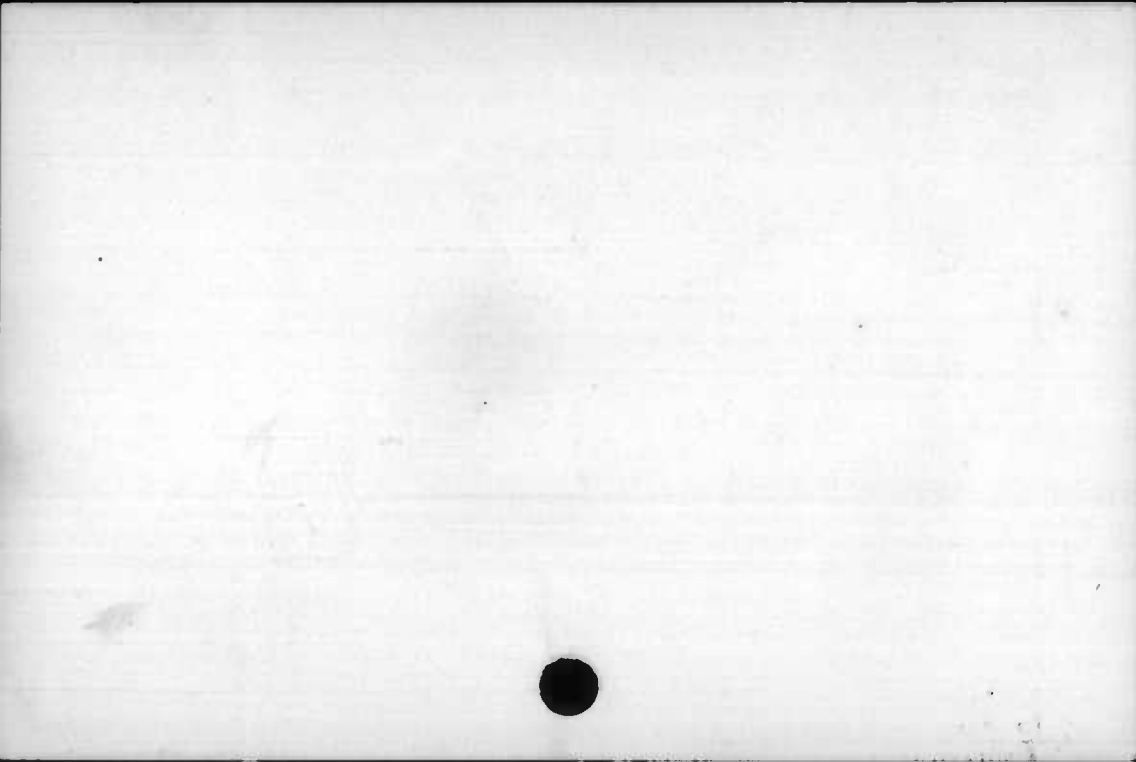
Primary <i>Senile Degeneration</i>	How long <i>Several yrs</i>
Immediate <i>Menuregiti</i>	How long <i>2 weeks</i>

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Abbarella Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

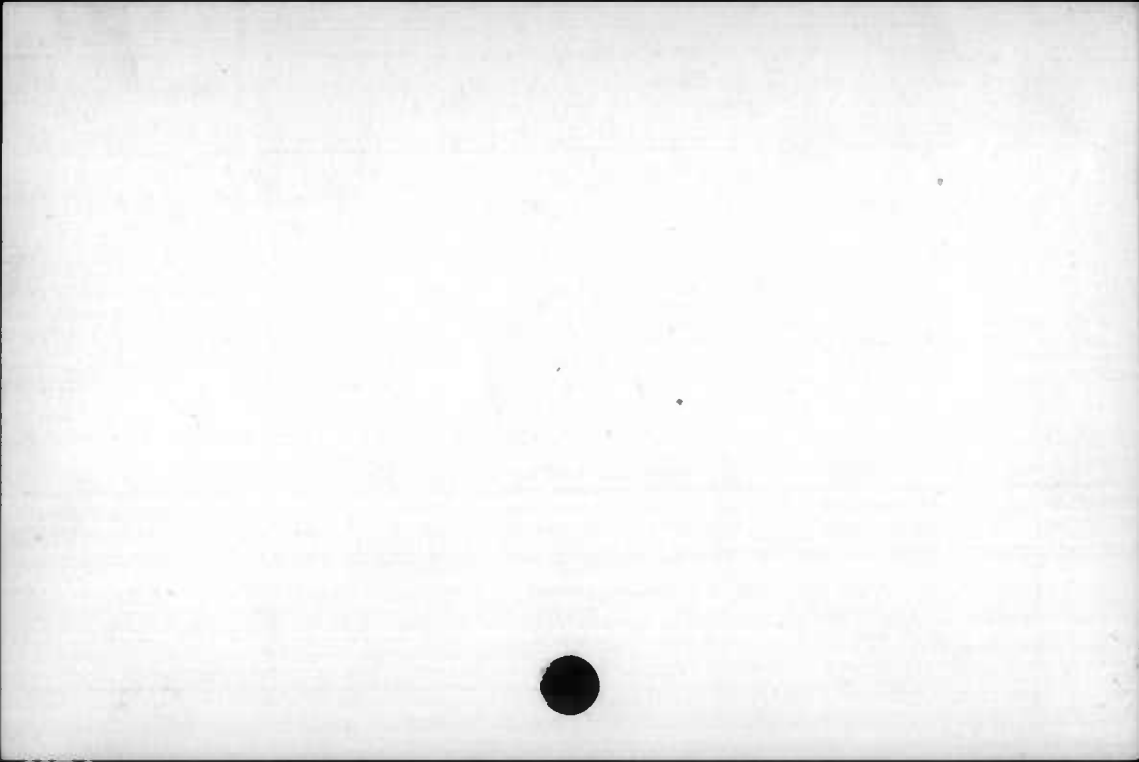
Died at <u>Boring</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month}	<u>nd.</u> ^{Day}	<u>8</u> ^{Years}	Age <u>Don't know</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Don't know</u>			
Married, Single or Widowed <u>Widow</u>		Occupation <u>Unknown</u>			
Name of Wife or Husband <u>Don't know</u>					
Father's Name <u>Don't know</u>			Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>Mrs Williams</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Senile Debility</u>	How long <u>Don't know</u>
Immediate <u>Weakness</u>	How long <u>2 or 3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Ricci</u>
<u>I did not attend</u>	Address <u>914 E. 1st St. N.W.</u>
Accident or Suicide? <u>this patient overcame & sent her medicine</u>	



Name
in
Full

CERTIFICATE OF DEATH

Hirdella Brown
Town County

MARYLAND

Died at Glynndon

Date of death 1908 Mar 9

Day

Age 34

Years

Months

Days

Sex Female

Color or
Race coloredBirth-
place

Patto Co Md

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Eugene T Brown

Father's
Name

Hanson

Hughes

Father's
Birthplace

Carroll Co Md

Mother's
Maiden Name

Mary

Boley

Mother's
Birthplace

Patto Co. Md

Name of person giving
Information

Hanson

Hughes

How related
to deceased

Father

CAUSES OF DEATH

99

Primary

Lobronia pneumonia

How long

Three months

Immediate

Oedum of lungs

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

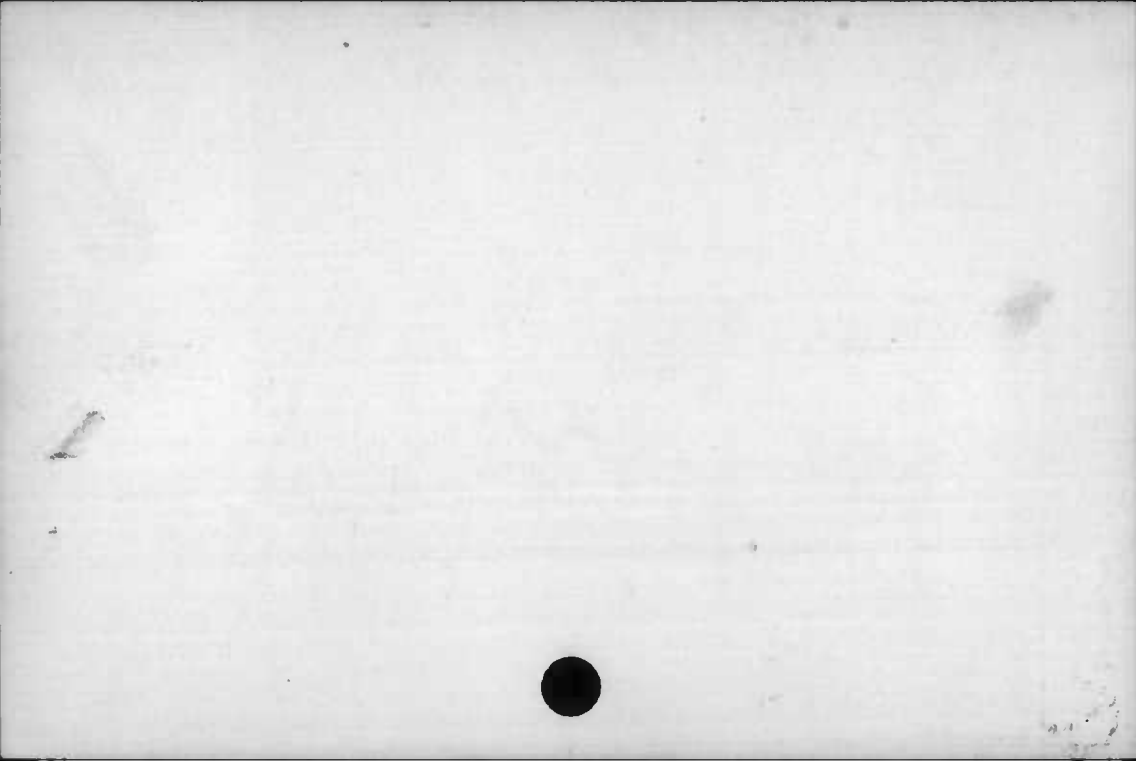
Address

James Gore M.D.
Reisterstown
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Christy Brown

CERTIFICATE OF DEATH

Died at 10 Spath Lane W.R.P. Balto Co

MARYLAND

Date of death 1909 Mar 30 Age 22 Months 2 Days

Sex Female Color or Race Colored Birthplace Balto City

Occupation Cook Where Residing if not at place of death 10 Spath Lane W.R.P.

Married, Single or Widowed Married Name of Wife or Husband James Brown

Father's Name Rob. N. Pippins Father's Birthplace Elbert City

Mother's Maiden Name Alice Ritchie Mother's Birthplace New Port. Md

Name of person giving information Alice Pippins How related to deceased Mother

CAUSES OF DEATH

(27)

Primary Pneumonia How long 2 weeks

Immediate Pulmonary Tuberculosis How long 4 1/2 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician A. Lee Ellis

Address 922 Mond. Ave

T. Ballman Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

A. S. Marshall
3539 Fall Road
New Cathedral Cemetery
April 1-1909

Funeral Thursday afternoon
Cross Keys Falls Road

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Infant of Eugene & Della Brown
 Town County
 Died at Glyndon Batto
 Date of death 1909 Mar 07 Age 1 7
 Sex Male Color or Race Colored Birthplace Batto Co Md
 Occupation Missing Where Residing if not at place of death
 Merriad, Single or Widowed Single Name of Wife or Husband
 Father's Name Eugene Brown Father's Birthplace Batto Co Md
 Mother's Maiden Name Della Hughes Mother's Birthplace Batto Co Md
 Name of person giving Information Hanson Hughes How related to deceased Grandfather

CAUSES OF DEATH

10

Primary La grippe How long one week 2

Immediate Inflammation Lungs How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James Goss M. D.
 Beltsville Md

PHYSICIAN
OR CORONER

Accident or Suicide

To be Buried at St Lukes)
Resthouse in d

Name
in Full

Child of Geo. W. & Daisy L. Brown

CERTIFICATE OF DEATH

Died at Sudbrook ^{Town} Baltimore ^{County} **MARYLAND**

Date of death 190 9 Month 3 Day 28 Age — Years — Months — Days 1

Sex Male Color or Race White Birth-place Sudbrook

Occupation — Where Residing if not at place of death Sudbrook

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Geo. W. Brown Father's Birthplace Penna.

Mother's Maiden Name Daisy L. Matthews Mother's Birthplace Penna.

Name of person giving Information Geo. W. Brown How related to deceased —

CAUSES OF DEATH

150

Primary Acute Myocardial Infarction How long Since birth

Immediate Heart Disease How long —

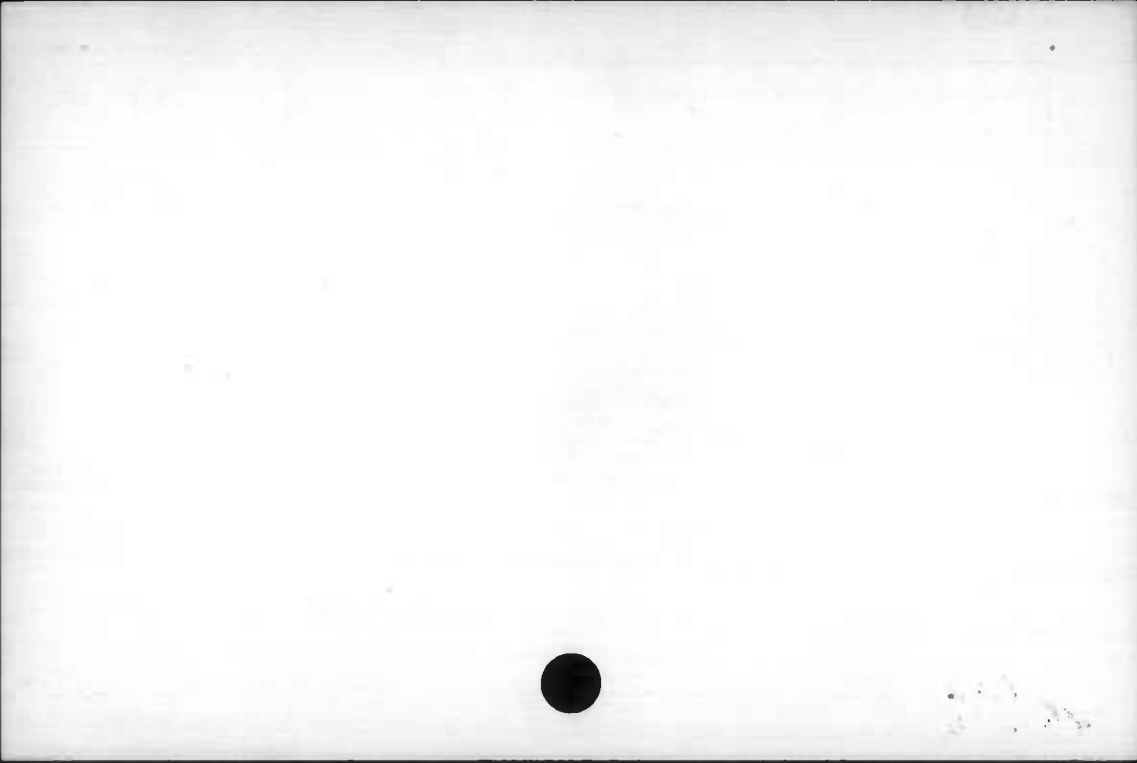
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Henry A. Naylor

Address Pikeville

Accident or Suicide —

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER



Name
in
Full

CERTIFICATE OF DEATH

Clara C Buckingham

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pikesville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	<u>Mar.</u> ^{Month}	<u>8</u> ^{Day}	Age <u>40</u> ^{Years}	<u>-</u> ^{Months} <u>-</u> ^{Days}
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation	<u>Domestic</u>		Where Residing if not at place of death	<u>Pikesville</u>	
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Wm Buckingham</u>	
Father's Name	<u>Edey. S. Fowler</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Adeline C Fisher</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving Information	<u>Wm Buckingham</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Nephritis & heart disease</u>	How long	<u>about 1 month</u>
Immediate	<u>Eclampsia & "</u>	How long	<u>3 days -</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>W. E. M. M.</u>	
		Address	
		<u>Pasadena 714.</u>	
Accident or Suicide			

Druid Ridge
Conn. ~~to~~

March 11/1909
Wentworth

Name
in
Full

Thomas C. Callaghan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Hope Retreat ^{County} Baltimore ^{State} MARYLAND

Date of death 1909 ^{Month} March ^{Day} 27 ^{Years} Age 86 ^{Months} 11 ^{Days} 01 ~~Known~~ ~~Not Known~~

Sex Male ^{Color or Race} White ^{Birth-place} Ireland

Occupation Farmer ^{Where Residing if not at place of death} Woodensburg Md.

~~Married, Single or Widowed~~ Widower ^{Name of Wife or Husband} Not Known

Father's Name Not Known ^{Father's Birthplace} Not Known

Mother's Maiden Name " " ^{Mother's Birthplace} " "

Name of person giving Information Reeds Mt Hope Retreat ^{How related to deceased} Not at all

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary Cause: Mania Acute - Delirium ^{How long} 3 yrs & over

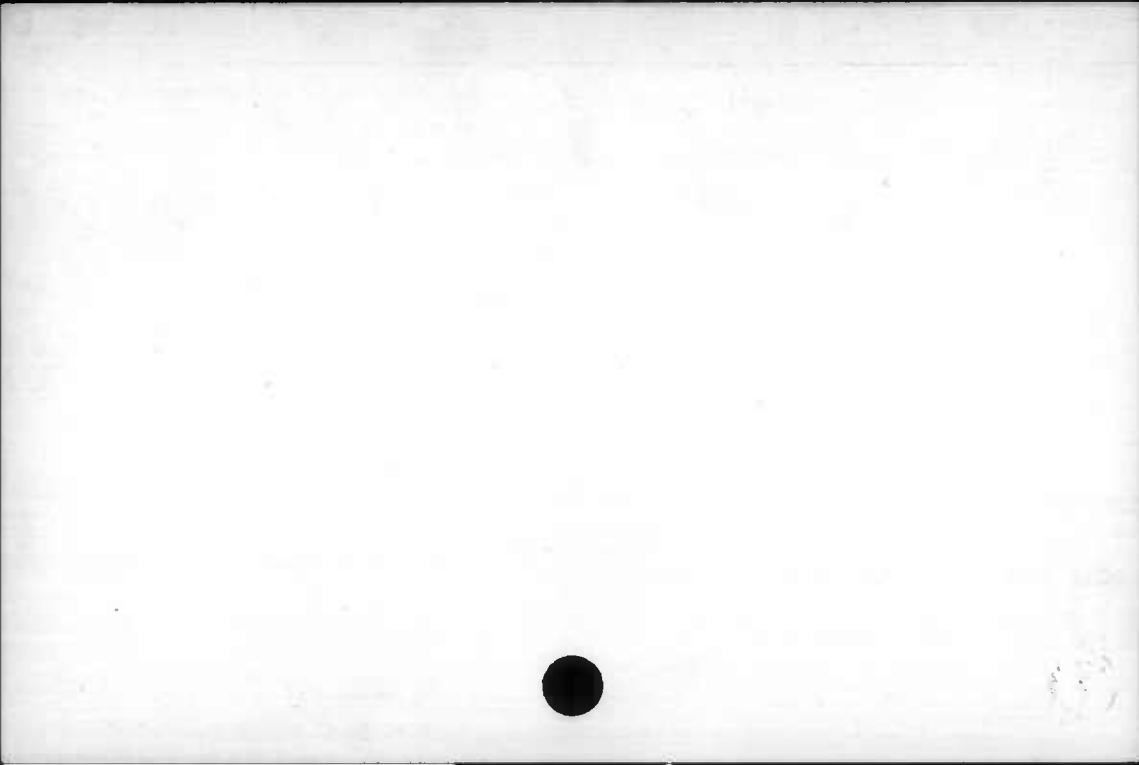
Immediate Cause: Ex. Par. Congest. Emphysema ^{How long} abt 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

Address Mt Hope Retreat
Mt Hope Md.

Accident or Suicide ~~Accident or Suicide~~



Name
in
Full

Lillian M Campbell

CERTIFICATE OF DEATH

MARYLAND

106-6th Highlandtown Town Balto County

Died at Date of death 190 Month March Day 20 Age 34 Years Months 5 Days 10

Sex Female Color or Race White Birth-place Baltimore

Occupation Housekeeper Where Residing if not at place of death E 106-6th St Hughes

Married, Single or Widowed Married Name of Wife or Husband Patrick Campbell

Father's Name Nicholas Darrhills Father's Birthplace Baltimore

Mother's Maiden Name Anna Clin Mother's Birthplace - -

Name of person giving information Nicholas Darrhills How related to deceased Brother

CAUSES OF DEATH

27

Primary Phthisis Pulmonalis How long June 1908

Immediate Exhaustion How long Month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician R.P. Carman MD

Address

1701 N Caroline St
Balto Md

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR
CORONER
1

J. Ritz Jr.
2336 E. Baltimore ~~St.~~ ^{St.}

Druid Ridge Cemetery
March 23 / 2 P. M.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret Campbell*

Died at *Jew 1st (near Alberton) Balto* Town *Balto* County

Date of death *1909* Month *March* Day *21* Age *65* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored.* Birth-place *Md*

Occupation *Housewoman* Where Residing if not at place of death *—*

~~Married, Single~~ or Widowed Name of Wife or Husband *Isaac Campbell.*

Father's Name *Alex Rogers* Father's Birthplace *Md*

Mother's Maiden Name *Classie Huston* Mother's Birthplace *Md*

Name of person giving Information *Benjamin Campbell* How related to deceased *son*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Acute Lobar Pneumonia* How long *3 or 4 days.*

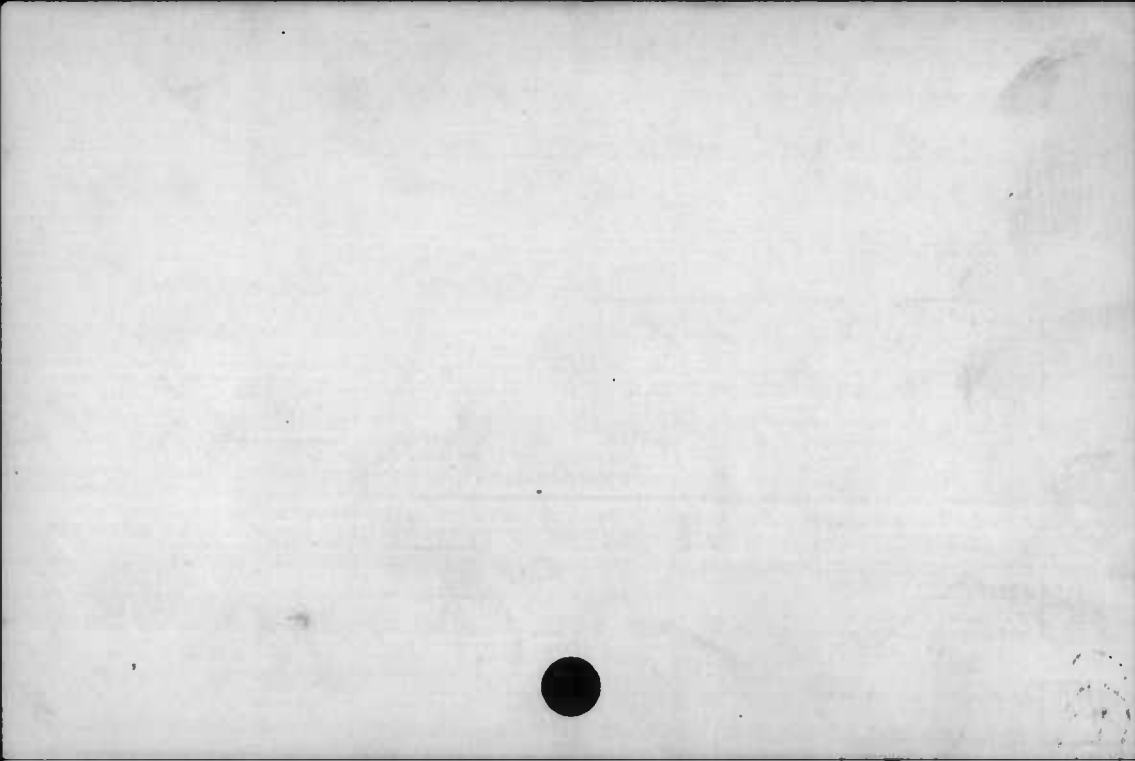
Immediate *Pulmonary Oedema + Cardiac Asthenia* How long *36 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank S. Miller, M.D.*

Address *Elcott City, Md*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Priscilla Stephenson Carver

MARYLAND

Died at Backsville ^{Town}Baths ^{County}

Date of death 1909 Mar

Day 26

Age 72

Months 11

Days 23

Sex Female

Color or Race White

Birth-place Texas md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed

Name of ~~Wife~~ Husband William Carver

Father's Name Peter Parks

Father's Birthplace Texas md

Mother's Maiden Name Caroline Goodwill

Mother's Birthplace Long. Green ^{md}

Name of person giving information Mrs A Lawrence

How related to deceased Daughter

CAUSES OF DEATH

79

Primary Valvular disease Heart

How long 2 Years

Immediate Distention of Heart

How long 6 Months

Are the name, age, sex, color, date and place correctly given above?

Yes

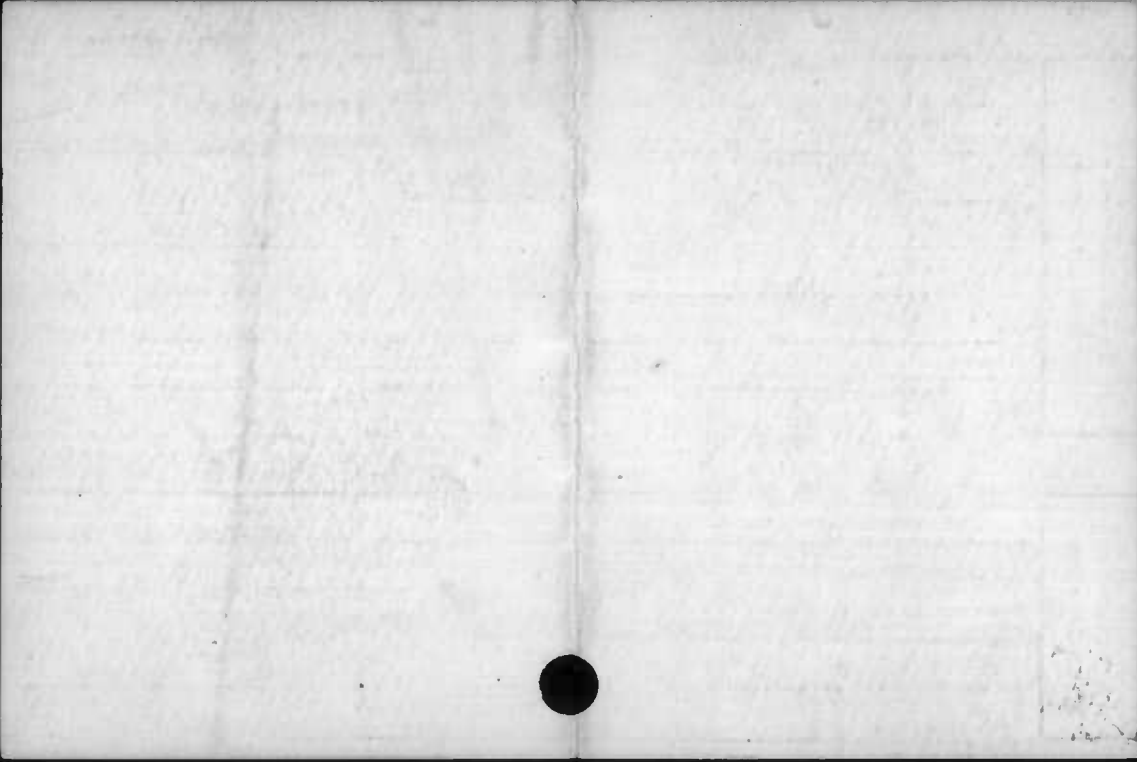
Signature of Physician

D. W. B. Danahan

Address

Backsville md

Accident or Suicide?



Name
in
Full

Hazel D. Cavanaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	13	1	1	1	1
Sex	Color or Race	Birth-place					
Female	White	Baltimore					
Occupation	Where Residing if not at place of death						
Dresser							
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Frank D. Cavanaugh				Father's Birthplace	Baltimore, Md.	
Mother's Maiden Name	Laella Baker				Mother's Birthplace	Baltimore, Md.	
Name of person giving information	Laella Cavanaugh				How related to deceased	Mother	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Infection		How long	Any Birth
Immediate	Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Frank H. Ruhl		
		Address		
		Lonsdowne, Md.		
Accident or Suicide?				

13

Lassahn & Son
Faith Chappel Cemetery

Name
in
Full

Ada Gilla Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montgomery & Haddon ave</i>		Town <i>Baltimore</i>		County <i>ees</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>March</i>	Day <i>2nd</i>	Age <i>80</i>	Years	Months <i>9</i>	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Montgomery & Haddon ave</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Geo. E. Coleman</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Baltimore</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Baltimore</i>						
Name of person giving information <i>M. C. Thoware</i>	How related to deceased <i>Son in law</i>						

CAUSES OF DEATH

79

PHYSICIAN
PROCORNER

Primary <i>Heart Disease</i>	How long <i>Unknown</i>
Immediate <i>Mitral Insufficiency</i>	How long <i>about 1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. R. Dyer</i>
	Address <i>Forest Park Baltimore</i>
Accident or Suicide?	

George J. Smith Esq.
London Pass

Name
in
Full

Steel Barn Infant 'Cooper'

CERTIFICATE OF DEATH

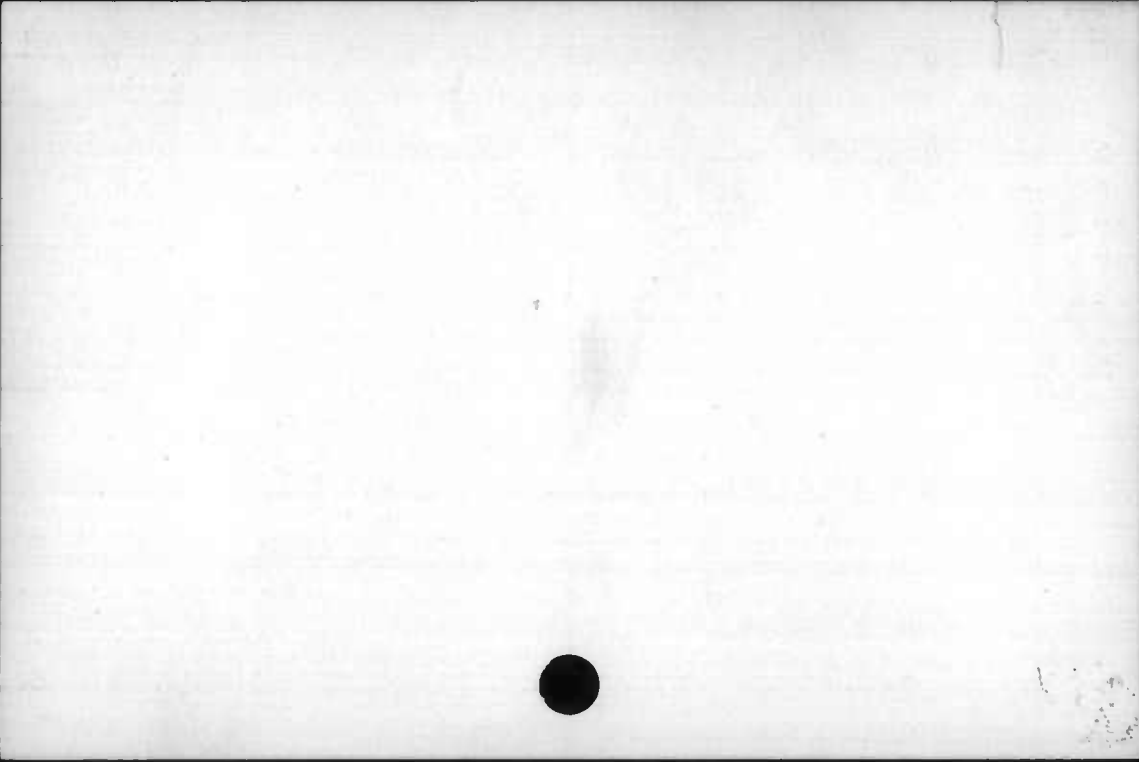
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Glyndon</i>		County <i>Belle</i>		MARYLAND	
Date of death 190		Month <i>9</i>	Day <i>3</i>	Age Years —		Months —	Days —
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Glyndon</i>			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name <i>Jno. W. Cooper</i>				Father's Birthplace <i>Laurel N.C.</i>			
Mother's Maiden Name <i>Estelle Thompson</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Murrod Thompson</i>				How related to deceased <i>Grand father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Steel Barn</i>		How long —
	Immediate		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. R. [unclear]</i>
	<i>Yes</i>		
Address <i>Glyndon</i>		How long <i>md</i>	
Accident or Suicide?			



Name
in
Full

William S. Cooper

CERTIFICATE OF DEATH

MARYLAND

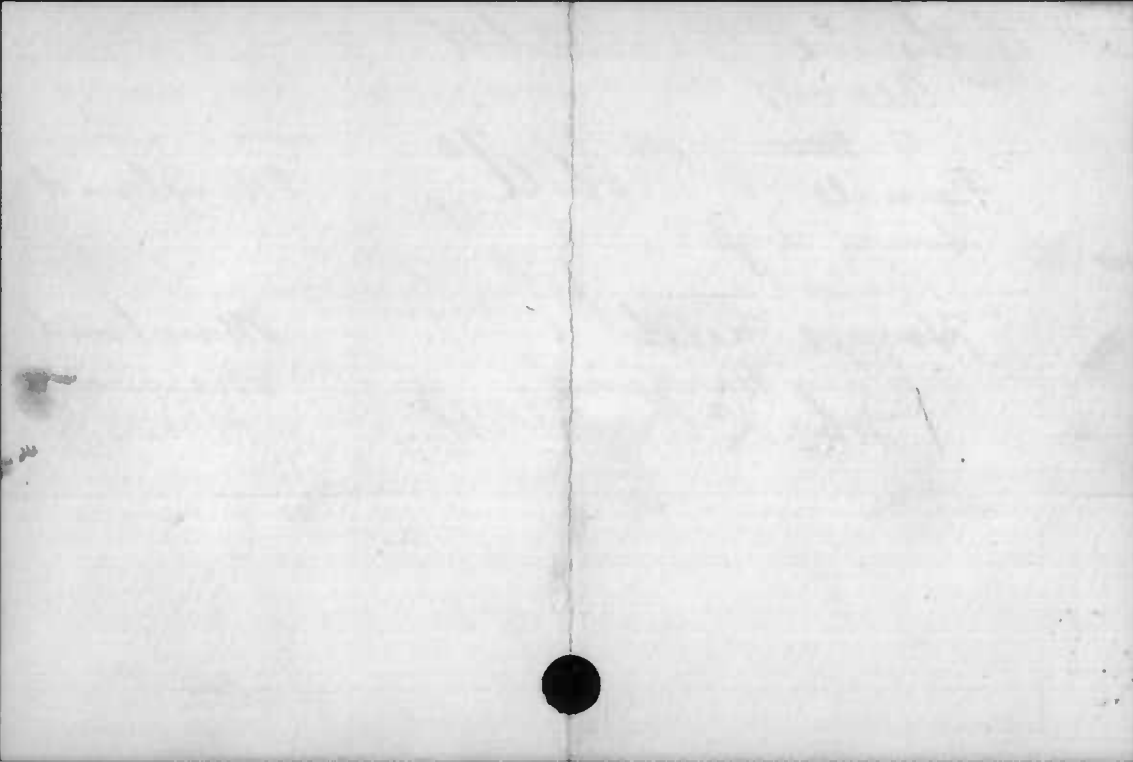
Died at ^{Town} *Boring*^{County} *Balto*Date of death *1909 March 20*Age *71*Months *10*Days *11*Sex *male*Color or Race *white*Birth-place *Beckleysville Md*Occupation *Farmer*Where Residing if not at place of death *Boring P.O. Md.*Married, Single or Widowed *Single*Name of Wife or Husband *Heziah Cooper*Father's Name *Henry L. Cooper*Father's Birthplace *Beckleysville Md*Mother's Maiden Name *Betha Shaver*Mother's Birthplace *" "*Name of person giving information *Wm. Hower Cooper*How related to deceased *Son*

CAUSES OF DEATH

64Primary *Apoplexy*How long *12 days*Immediate *Exhaustion*How long *about 10 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. A. Grack*Address *Beckleysville 6*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

Catherine Cramblitt

CERTIFICATE OF DEATH

Died at ^{Town} near Ellicott CityCounty ^{County} Balto.

MARYLAND

Date

of death

1909

Mar

Month

Day

14

Age

Years

70

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

John L Cramblitt

Father's
Name

Horace Keith

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Harding

Mother's
Birthplace

Maryland

Name of person giving
Information

John L Cramblitt

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Inter colosis of Stomach

How long

3 yrs

Immediate

Heart disease

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

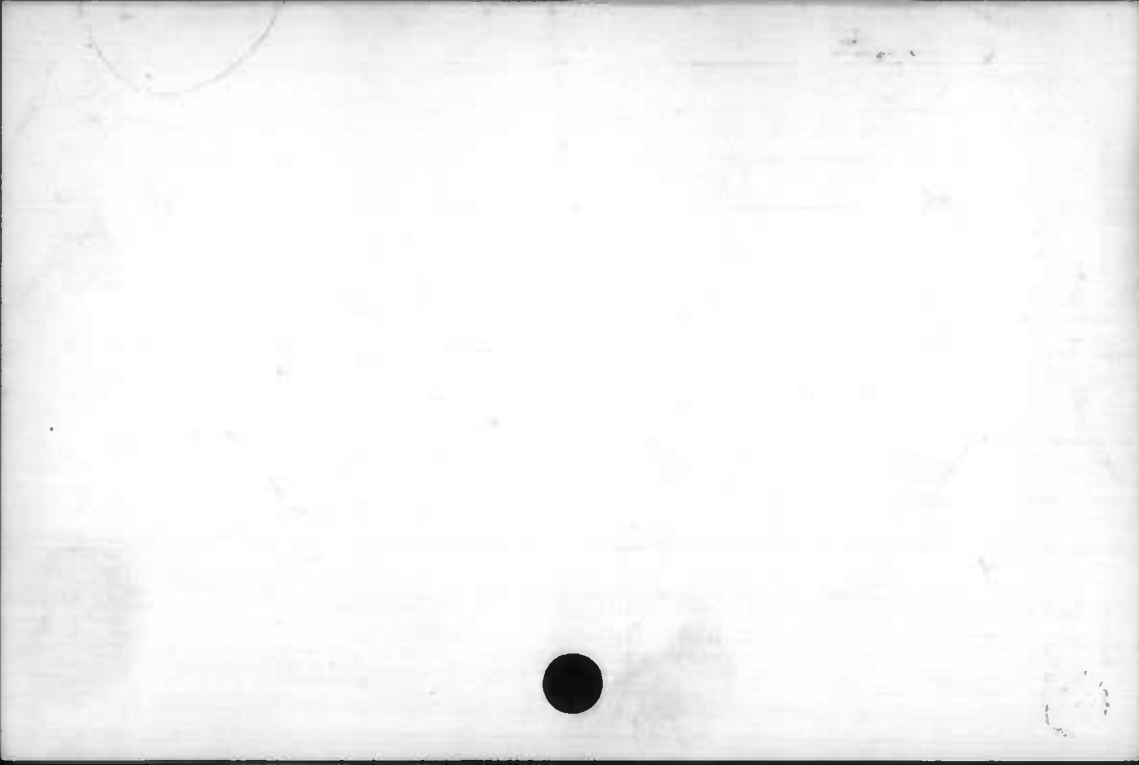
Address

Thos B. Dring
Ellicott City, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

79



Name
in Full

Wilton Crommell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Sweet air		Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Mar.	11	Age	8		
Sex		male		Color or Race		colored	
Occupation		none		Birth-place		Sweet Air, Md.	
Where Residing if not at place of death							
Merried, Single or Widowed		single		Name of Wife or Husband			
Father's Name		William Crommell		Fether's Birthplace		Baltimore Co.	
Mother's Meiden Name		Lilly Ayers		Mother's Birthplace		Sweet Air, Md.	
Name of person giving Information		Edward H. Burke		How related to deceased		uncle	

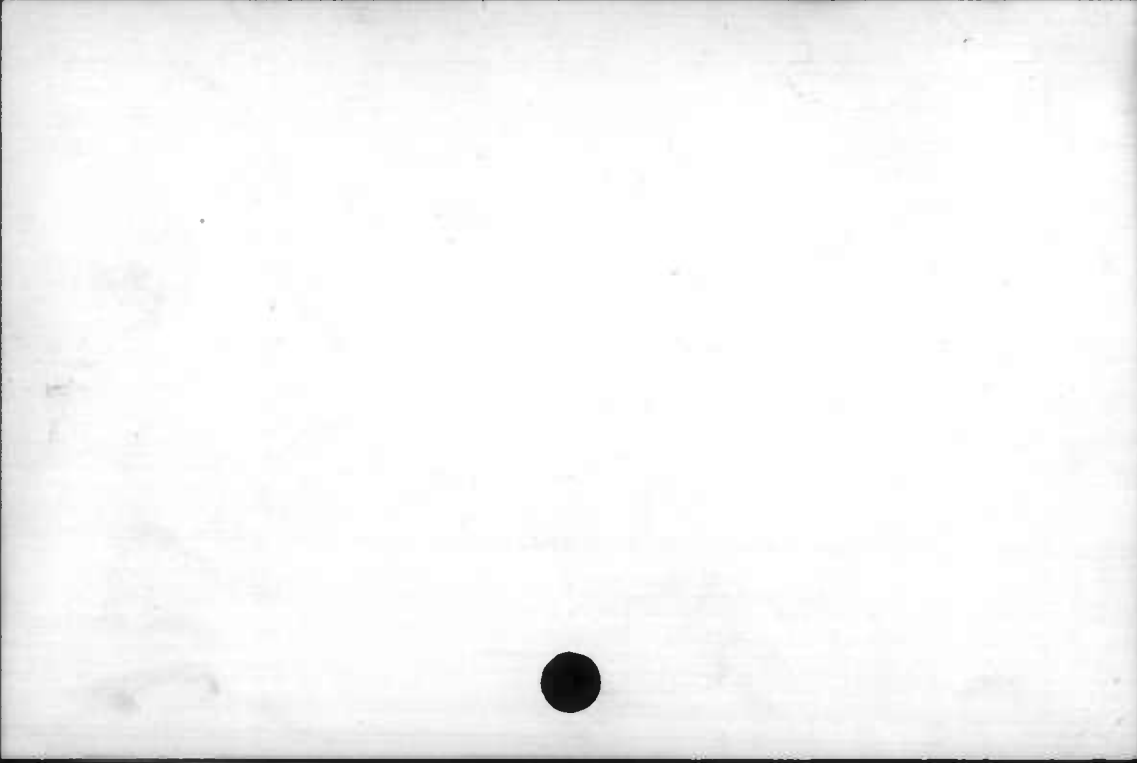
CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	2 weeks
Immediete	Heart disease	How long	5 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Thos. H. Emory Jr. D.	
Address		Monteton, Md.	
Accident or Suicide		no	

10



Name
in
Full

Maris E. Cruss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	28	1	—	—	2
Sex	Female	Color or Race	White	Birth-place	Balto. Md.		
Occupation	Nurse			Where Residing if not at place of death	3402 O'Donnell St.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Francis Cruss			Father's Birthplace	Balto. Md.		
Mother's Maiden Name	Anna Spahn			Mother's Birthplace	Balto. Md.		
Name of person giving Information	Francis Cruss			How related to deceased	Father		

CAUSES OF DEATH

92

Primary	Broncho Pneumonia	How long	12 days.
Immediate	Eclampsia	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. J. McAvoy M.D.
		Address	839 S. Canton St.
Accident or Suicide			

PHYSICIAN
OR CORONER

Lilly. Geo Feiler

403 S. Wolfe St.

Oak Lawn cemetery.

Name
in
Full

Annie Cunningham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Catonoville</i>		County <i>Balto.</i>		MARYLAND	
Date of death		Month <i>March</i>	Day <i>1</i>	Age <i>60</i>	Years	Months <i>X</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Old</i>				
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Old Hospital for Insane Catonsville Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Hospital Records</i>		How related to deceased <i>Unknown</i>					

CAUSES OF DEATH

79

PHYSICIAN
CORONER

Primary	<i>Mitral Insufficiency</i>	How long <i>5 years</i>
Immediate	<i>Asthenia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Edw. Garrett</i>
		Address <i>Old Hospital for Insane Catonsville Md</i>
Accident or Suicide? <i>No.</i>		



Name
in
Full

Francesa Leo. Walton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Long green ^{Town} Batts Co. ^{County} MARYLAND

Date of death 1909 ^{Month} March ^{Day} 14 ^{Age} 1 ^{Years} 0 ^{Months} 1 ^{Days} 20

Sex male Color or Race white Birth-place Batts. Co. Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Joseph Walton Father's Birthplace Maryland

Mother's Maiden Name Margaret Lynch Mother's Birthplace Maryland

Name of person giving information Joseph Walton How related to deceased Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long one week

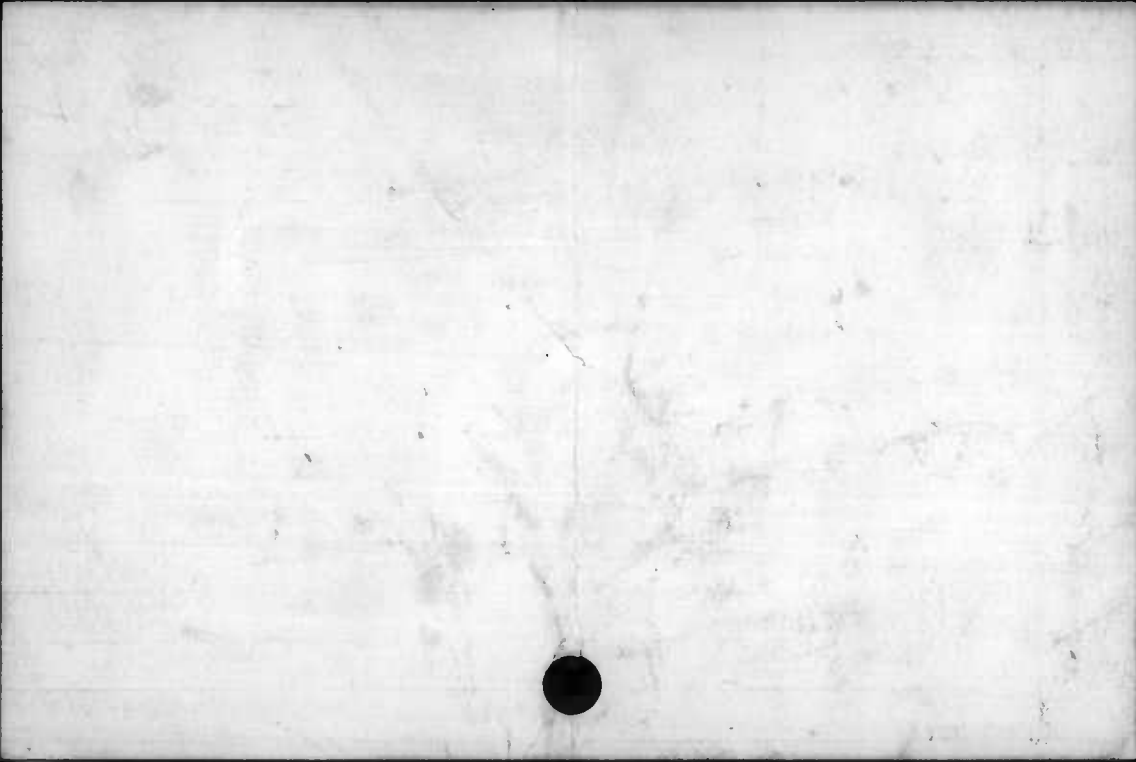
Immediate Pneumonia How long " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician John A. Green

Address Sitting

Accident no Suicide?



Name
in
Full

Mary A. F. Daly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Mar.</i>		Day <i>22</i>		Age <i>66</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>N. Y.</i>		Months	
Occupation <i>Seamstress</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Michael Daly</i>		Father's Birthplace <i>N. Y.</i>					
Mother's Maiden Name <i>Mary Travin</i>		Mother's Birthplace					
Name of person giving information <i>Henry T. Daly</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Insufficiency.</i>	How long	<i>2 yrs or more</i>
Immediate	<i>Broken heart compensation.</i>	How long	<i>4 months.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. L. Taylor, Surgeon</i>	
		Address <i>St Agnes Hospital</i>	
Accident or Suicide?			



Name
in
Full

Charles Francis Diggs

CERTIFICATE OF DEATH

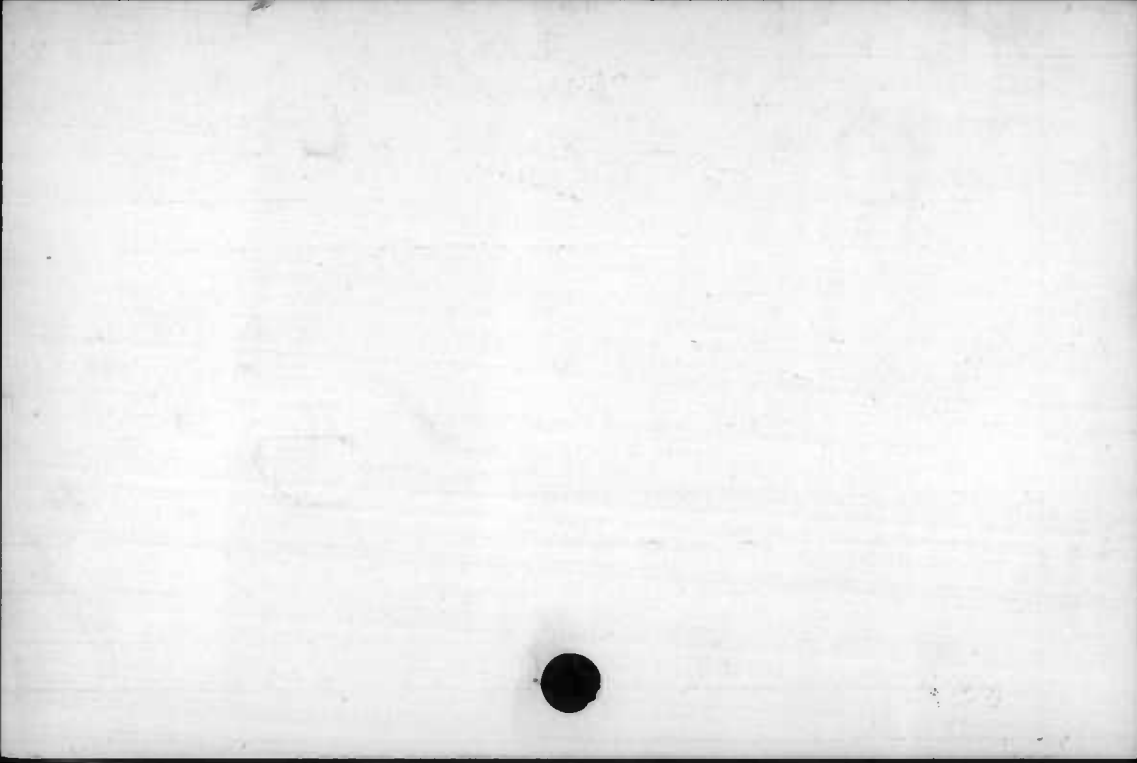
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death	1909	Month March	Day 13 th	Age	82	Years	Months one
Sex	Male		Color or Race	White		Birth-place	Baltimore
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Camille Hall Diggs			
Father's Name	Beverly Diggs				Father's Birthplace	Matthews Co Va	
Mother's Maiden Name	Maria Ross Maryland				Mother's Birthplace	Maria Ross	
Name of person giving information	Edward Ross Diggs				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arteriosclerosis, Old Age		How long	Long standing
Immediate	Right Hemiplegia		How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Chas Macgill
			Address	Catonsville
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Colm Adam Ditzel
 Town *Towson* County *Balto.*

MARYLAND

Died at
 Date of death *1909 Mar.* Month *3* Day *3* Age *81* Years Months Days

Sex *Male* Color or Race *white* Birth-place *Germany*

Occupation *Cooper* Where Residing if not at place of death *Towson*

Married, Single or Widowed *widower* Name of Wife or Husband *Margaret Ditzel*

Father's Name *Not known* Father's Birthplace *Germany*

Mother's Maiden Name *Not known* Mother's Birthplace *Germany*

Name of person giving information *Edu. Chenoweth* How related to deceased *Son in law*

CAUSES OF DEATH

Primary *La Grippe* How long *6 days*

Immediate *Cardiac exhaustion* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Lt. B. Shruson*

Address *Rider*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

10

WJH

Western Cemetery
John Burrison
Towson

Name
in
Full

Aunnie Maria Donahow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Batts</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>3</i>	Day <i>11</i>	Age <i>—</i>	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Batts Co</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>3609 1st Pleasant St</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>E. J. Donahow</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Aunnie E. Knuckles</i>			Mother's Birthplace <i>Va</i>		
Name of person giving Information <i>E. J. Donahow</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Lobular</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Truax M.D.</i>
Accident or Suicide <i>No</i>	Address <i>315 South Highlandtown Md</i>

Albert C. Fuller,

Oak Lawn,

Friday March 12/09

Name
in
Full

Heller Dorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>3</i>	Day <i>5</i>	Age <i>28</i>	Months <i>9</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>3316 Canton Ave</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Dorn</i>				
Father's Name <i>Charles Edmondson</i>	Father's Birthplace <i>Port. Ethington W.C.</i>				
Mother's Maiden Name <i>Susan Gill</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>John Dorn</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary <i>Pregnancy</i>	How long <i>9 months</i>
Immediate <i>Acute Dementia</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Burke M.D.</i>
	Address <i>8042 Hudson St.</i>
Accident or Suicide <input type="checkbox"/>	

St Patricks Cemetery

March 8th 09

Lilly and Geiler
Undertakers

Name
in
Full

Mary Elizabeth Dorrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Grange				Baltimore.			
Date of death	Month	Day	Age	Years	Months	Days	
1909	March	24	63		11	16	
Sex	Female			Color or Race	White		
Birthplace	Balto. Co. Md.						
Occupation	House-wife			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Widow				Thomas H. Dorrett			
Father's Name	George B. Graves				Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth C. Graves				Mother's Birthplace	Maryland	
Name of person giving Information	G. T. Dorrett				How related to deceased	Son	

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

27

Immediate

Collapse.

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

G. L. Ewalt M.D.
9054 Glenwood St.

Accident or Suicide

no.

PHYSICIAN
CORONER

Armstrong Deery Co
115 Fifth St

St Carmel Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephus Dykes

Died at *Ellicott City* Town *Balto.* County

Date of death *1909 Mar. 19* Age *79* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Retired* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Tobitha Dykes*

Father's Name *James Dykes.* Father's Birthplace *Scotland*

Mother's Maiden Name *Catherine Hare* Mother's Birthplace *Scotland*

Name of person giving Information *Tobitha Dykes.* How related to deceased *Wife*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Senile degeneration* How long *—*

Immediate *In Grippe & Bronchitis* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm B Rogers M.D.*

Address *Ellicott City Md*

Accident or Suicide *—*

Hillinger & Son
87. John's

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Belgravia		Balti					
Date of death	1909	Month	3	Day	23	Age	30
Sex	male	Color or Race	white	Birth-place	Balti	Months	Days
Occupation	Clerk	Where Residing if not at place of death		Bulair Rd + Glen ^{cm}			
Married, Single or Widowed	Single	Name of Wife or Husband		—			
Father's Name	John H. England			Father's Birthplace	Balti		
Mother's Maiden Name	Mary A. Lewis			Mother's Birthplace	Balti		
Name of person giving information	Mary A. England			How related to deceased	Mother		

CAUSES OF DEATH

79

Primary	Aortic Regurgitation	How long	Many years
Immediate	Cardiac dilatation	How long	Sudden termination
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. L. Wilkinson
		Address	Roselburg
Accident or Suicide			

PHYSICIAN
OR CORONER

1

Baltimore Cemetery

Herrington

3/24/09

Name
in
Full

Wilbert Raymond Enie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

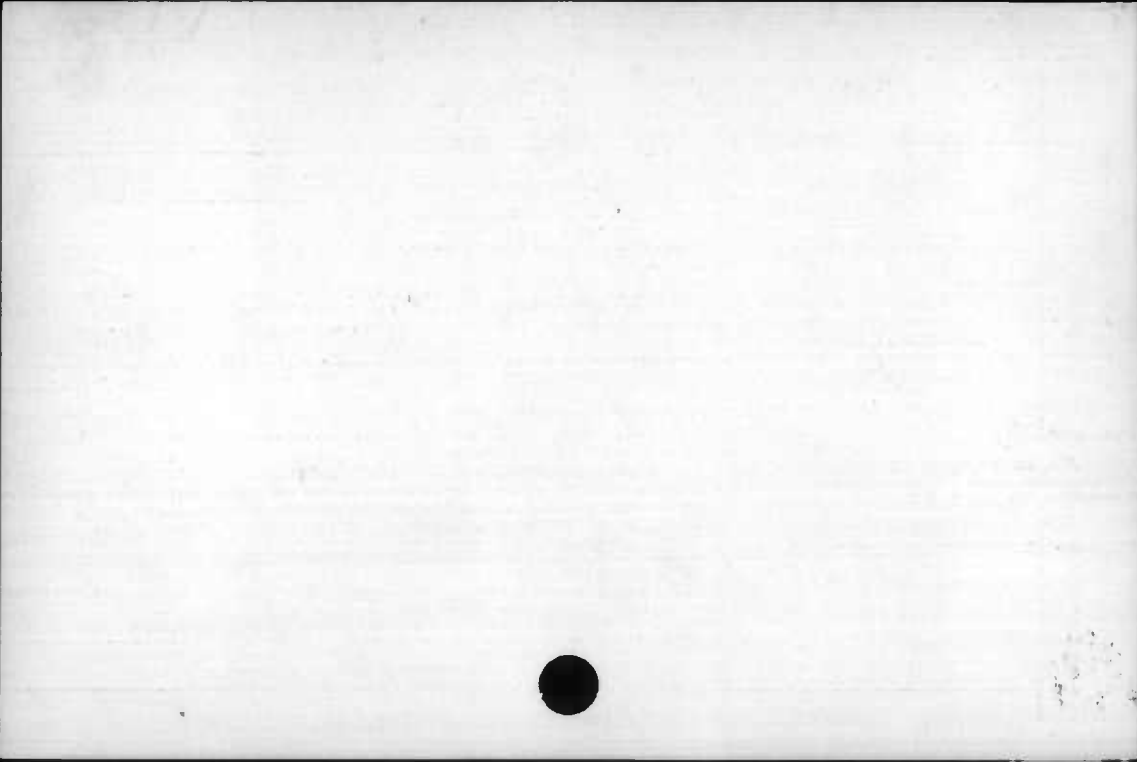
Died at		Town Parkton		County Baltimore		MARYLAND	
Date of death		1909	Month Mar	Day 18	Age 20	Months 1	Days 19
Sex Male		Color or Race White		Birth-place Baltimore, Md.			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Don't know		Father's Birthplace Don't know					
Mother's Maiden Name Maggie Stiffles		Mother's Birthplace Parkton Md.					
Name of person giving information Daniel W Hare		How related to deceased Cousin,					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs & Intestines	How long	4 to 5 months
Immediate	Acute Pulmonary Congestion	How long	48-72 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. C. Mitchell.	
Address		Moukrow Md., 5	
Accident or Suicide?			



Name
in
Full

Infants of Elmer + Filmer Epler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 127 Prospect Ave		Town		County		BALLO		MARYLAND	
Date of death	1909	Month	March	Day	14	Age	2 hours	Months	—
Sex	male		Color or Race	white		Birth-place	Ballo Co		
Occupation	—			Where Residing if not at place of death 127 Prospect Ave					
Married, Single or Widowed			Name of Wife or Husband						
Father's Name			Elmer Epler				Father's Birthplace		
Mother's Maiden Name			Filmer Hillman				Mother's Birthplace		
Name of person giving information			"				How related to deceased		
			"				Mother		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth — 8 mos	How long	8 mos
Immediate	Heart failure	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm H Federman
		Address	800 1st Ave north
			Ballo - Md
Accident or Suicide?	—		

Aberdine Harford Co
March 7. 1909

Wm E. Chenoweth Son
919 3rd Ave
Harford

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Herminette Effes Town *Baltimore* County *MARYLAND*

Died at *Spencer's Point*

Date of death *1909* Month *March* Day *16* th Age *2* Years Months *2* Days

Sex *Male* Color or Race *Negro* Birth-place *Balti. Md*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Lundis Effes* Father's Birthplace *Va*

Mother's Maiden Name *Carrie Ingram* Mother's Birthplace *Va*

Name of person giving Information *Lundis Effes* How related to deceased *Father*

CAUSES OF DEATH

61

PHYSICIAN
OF CORNER
1

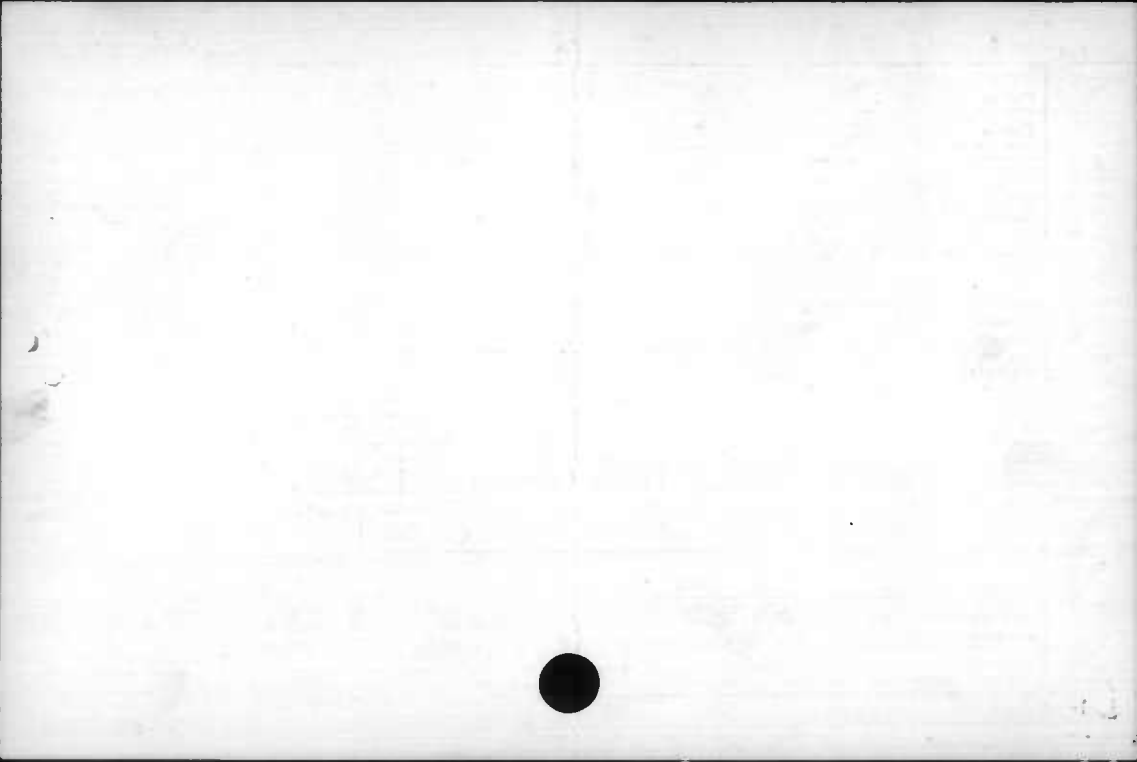
Primary *Acute Meningitis* How long *1 week*

Immediate *Acute Meningitis* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank B. Eldred* Address *Spencer's Point, Md*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William T. Ferguson
 Died at 1st St and Schuck St Balto County MARYLAND
 Date of death 1909 March 22 Age Unknown Months Days
 Sex male Color or Race white Birth-place Unknown
 Occupation Machinist Where Residing if not at place of death
 Married, Single or Widowed Name of Wife or Husband Not known
 Father's Name Unknown Father's Birthplace Unknown
 Mother's Maiden Name Unknown Mother's Birthplace Unknown
 Name of person giving Information from R. R. Cardin per [unclear] How related to deceased

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

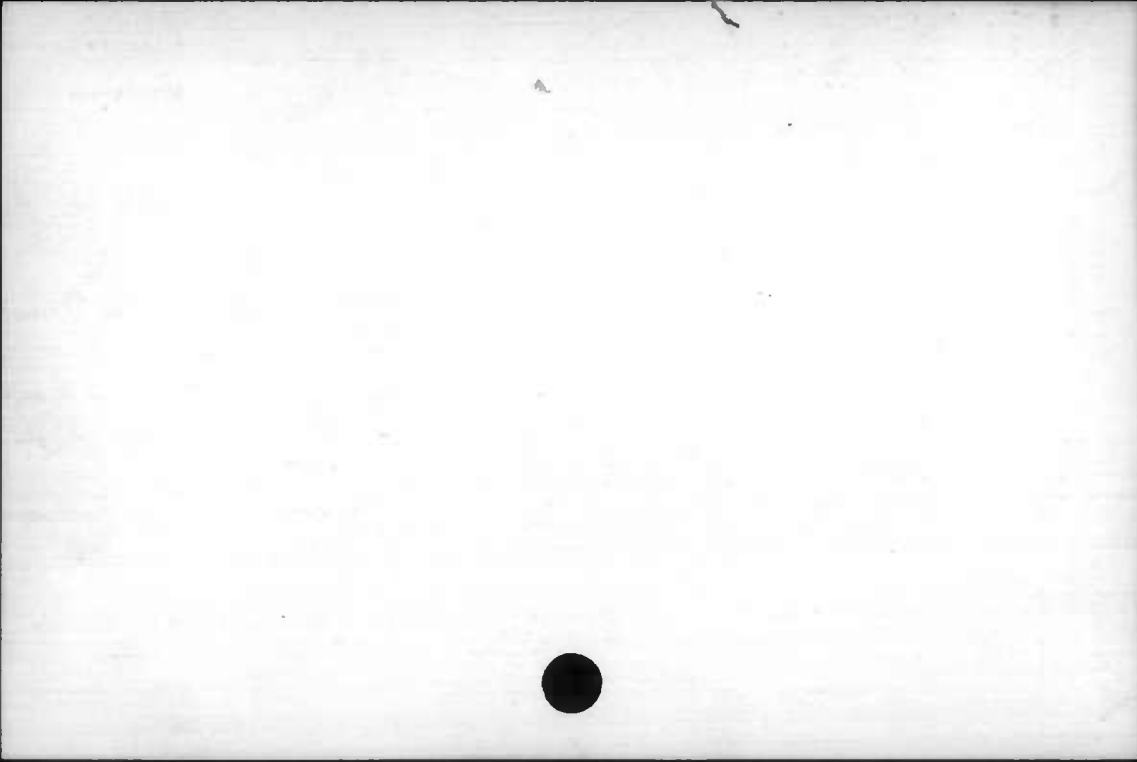
Primary Cardiac Syncope
 Immediate
 Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

D. W. S. Sudler, Coroner
 3386 E. Balto St

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Stewart Fifer</i>		Town <i>Highlandtown</i>		County <i>Balti</i>		State <i>MARYLAND</i>	
Died at <i>Highlandtown</i>		Month <i>Mar.</i>		Day <i>7</i>		Years <i>9</i>	
Date of death <i>1909</i>		Age <i>9</i>		Months <i>9</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balti</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Highlandtown</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>S. George Fifer</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary Clark</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Geo. Fifer</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

92

Primary <i>Bronchial Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. P. Max</i>
	Address <i>32 Gough</i>
Accident or Suicide <i>No</i>	<i>Highlandtown Md</i>

PHYSICIAN
OR CORONER

Wm Cook

Undertaker

Baltimore Cemetery

March 9. 1899.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jan. E. Fitzsimmons</i>		Town <i>Westport</i>		County <i>Balt.</i>		MARYLAND	
Died at <i>Westport</i>		Month <i>3</i>		Day <i>22</i>		Age <i>64</i>	
Date of death <i>1909</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James H. Fitzsimmons</i>					
Father's Name <i>Henry Carroll</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Ella C. Bean</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>1 year</i>	
Immediate <i>Third Stroke</i>		How long <i>— Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>August W. Miller</i>	
		Address <i>Mr. Winans</i>	
Accident or Suicide? <i>Paralysis stroke</i>		<i>Balt to Md</i>	

13

Interment at National Cem.
Mch 24/909.

Wm Cook

502 E. 7th Ave.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles James Fountain</i>		Town <i>Hagerstown</i>		County <i>Belt</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>March</i>		Day <i>25</i>		Years <i>—</i>	
Date of death <i>1909</i>		Age <i>—</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Cobred</i>		Birth-place <i>Rogersville, Tenn</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert Fountain</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Julia Reed</i>		Mother's Birthplace <i>Washington</i>					
Name of person giving information <i>Albert Fountain</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Bronchopneumonia</i>	How long <i>4 days</i>
Immediate <i>Cardiac Insufficiency</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>Wm. S. Suggs</i>	
Address <i>Wagon</i>	
Accident or Suicide? <i>—</i>	



Name
in
Full

Anna Frederick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	5	64		4	1
Sex	Female	Color or Race	White	Birth-place	Germany		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Joseph Hanish		Joseph Frederick					
Father's Name	Joseph Hanish		Father's Birthplace		Germany		
Mother's Maiden Name	Don't know		Mother's Birthplace		Germany		
Name of person giving Information	Joseph Frederick		How related to deceased		Husband		

Died with injury to spine followed by Paraplegia

CAUSES OF DEATH

Primary	Paralysis following injury, 3 or 4 yrs. ago.		How long
Immediate	Cardiac asthma		Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		W. B. McClavender, M.D.	619 S. Clinton St.
Accident		Suicide	

PHYSICIAN
OR CORONER

Tilly and Zeiler. —

Sacred Heart Cemetery,
Monday March 8/1909.

Name
in
Full

Louisa Soskins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville		^{County} Balto		MARYLAND	
Date of death	1909	Month	March	Day	2
Age		Years	56	Months	
Sex	female	Color or Race	colored	Birth-place	Maryland
Occupation	Cook.		Where Residing if not at place of death Catonsville Md		
Married, Single or Widowed	married	Name of Wife or Husband	John A Soskins		
Father's Name	unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	John A Soskins		How related to deceased	Husband	

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Cancer of Breast.	How long	5 yrs
Immediate	Asthma.	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Marshall B West,	
Address		Catonsville	
Accident or Suicide?		Md.	

Zion
Mt. ~~Zion~~ Cemetery

Felix B. Pope 102 E. Mulberry St
Balto. Md.
March 4 1909

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> <small>Town</small>			<i>Baltimore</i> <small>County</small>			MARYLAND		
Date of death <i>1909</i>		<i>March</i> <small>Month</small>	<i>7</i> <small>Day</small>	Age <i>15</i> <small>Years</small>		<i>4</i> <small>Months</small>		<i>28</i> <small>Days</small>
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Baltimore</i>		
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert Goodwin</i>			Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Ellen Carson</i>			Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Robert Goodwin</i>			How related to deceased <i>Father</i>					

CAUSES OF DEATH

27.

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>7 months</i>
Immediate <i>Cardiac Asthma</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Hermann</i>
	Address <i>3115 C. Baltimore St.</i>
Accident or Suicide? <i>—</i>	

Mt Carmel

March 10th 1909

H. Sander Jones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry Rayner Granger</i>		Town <i>Arlington</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>near Arlington</i>		Month <i>March</i>		Day <i>5</i>		Age <i>38</i>	
Date of death <i>1909 March 5</i>		Months <i>5</i>		Days <i>12</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore County</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Liberty Heights & Oakfield Aves., Baltimore City</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mae E. Granger</i>					
Father's Name <i>George R. Granger</i>		Father's Birthplace <i>Ohio</i>					
Mother's Maiden Name <i>Imogen S. Rayner</i>		Mother's Birthplace <i>N.Y.</i>					
Name of person giving information <i>Mae E. Granger</i>		How related to deceased <i>wife</i>					

Slipped over R. R. tracks, and fell into ditch about 3 feet deep.

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary	<i>exposure by accident</i>	How long	<i>unknown</i>
Immediate	<i>freezing</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>H. Holliday Emrich</i>	
		Address <i>605 ... Arlington Md.</i>	
Accident or Suicide? <i>Accident</i>			

Indement in
Green Mount Cemetery

March 8th 1909

Please grant Permit
to Stewart & Mowen Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born infant "Gray" ✓

Town Sparrows Point County Baltimore

Died at Sparrows Point MARYLAND

Date of death 1909 Mar 9 Age — Months — Days

Sex Female Color or Race white Birthplace Sparrows Point

Occupation — Where Residing if not at place of death " "

Married, Single or Widowed — Name of Wife or Husband —

Father's Name James T. Gray Father's Birthplace Penna

Mother's Maiden Name Carrie Wagner Mother's Birthplace Md

Name of person giving Information Carrie Gray How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth How long —

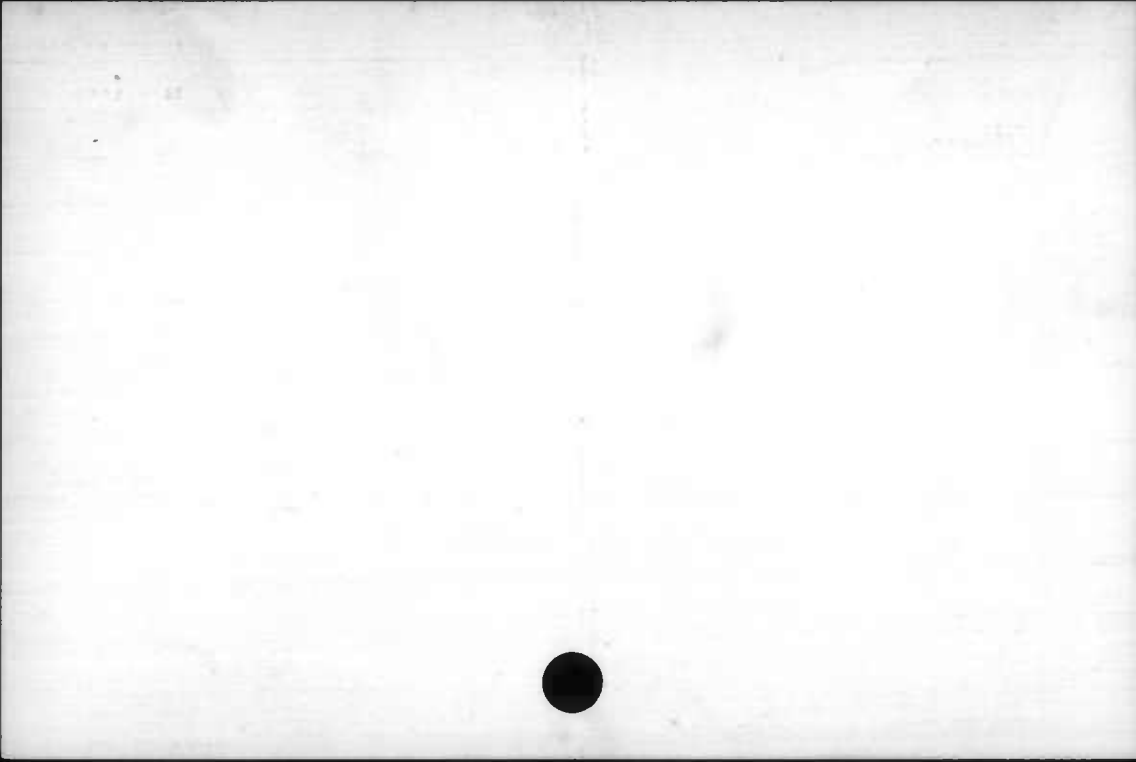
Immediate " (5 mo) How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician G. C. McCormick M.D.

Address Sparrows Point Md.

Accident or Suicide no



Name
in
Full

Samuel Gregory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Catonsville ^{Town} Baltimore ^{County}

Date of death 1909 ^{Month} 3 ^{Day} 3 ^{Years} 56 ^{Months} 11 ^{Days} —

Sex Male Color or Race Colored Birth-place Sigmar

Occupation Black Smith Where Residing if not at place of death Place of Death

Married, Single or Widowed Married Name of Wife or Husband Pattie Crawley

Father's Name John Brown Father's Birthplace Unknown

Mother's Maiden Name John Brown Mother's Birthplace Unknown

Name of person giving information Pattie Crawley How related to deceased Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 4 months

Immediate Exhaustion How long Sudden

Are the name, age, sex, color, date and place correctly given above? Wife

Signature of Physician J. Chas. Macgill

Address Catonsville

Accident or Suicide? —

Felix B Pyl

Lancel Comings

Name in Full		Infant. Hale				<input checked="" type="checkbox"/> CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Butler		County Baltimore		MARYLAND	
	Date of death		1909	Month 3	Day 10	Age Years	Months	Days 24
	Sex		Female		Color or Race White		Birth-place Ind	
	Occupation		None		Where Residing if not at place of death Butler Ind.			
	Married, Single or Widowed		Single		Name of Wife or Husband None			
	Father's Name		Elijah Hale				Father's Birthplace Ind	
	Mother's Maiden Name		Emma Jane Ash				Mother's Birthplace Ind	
Name of person giving information		Elijah Hale				How related to deceased Father.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Convulsions				How long 24 hours	
	Immediate		Asthma				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Wilmer C. Ensor M.D.			
	Address		Cockeysville Ind					
Accident or Suicide?		No						



Name
in
Full

Mumal Smithy Hall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Gella^{Town}Baltimore^{County}

MARYLAND

Date

of death

1909

Month

March

Day

23

Age

Years

~~23~~

Months

7

Days

23

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Caleb Hall.

Father's
BirthplaceMt Gila^{Cult. Co.}Mother's
Maiden Name

Jeanette Dozen

Mother's
Birthplace

Virginia

Name of person giving
Information

Virginia Gibson

How related
to deceased

first cousin

CAUSES OF DEATH

Primary

Bronch - Pneumonia + Measles?

How long

4 days

Immediate

General + Cardiac Asthenia

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Frank Miller M.D.

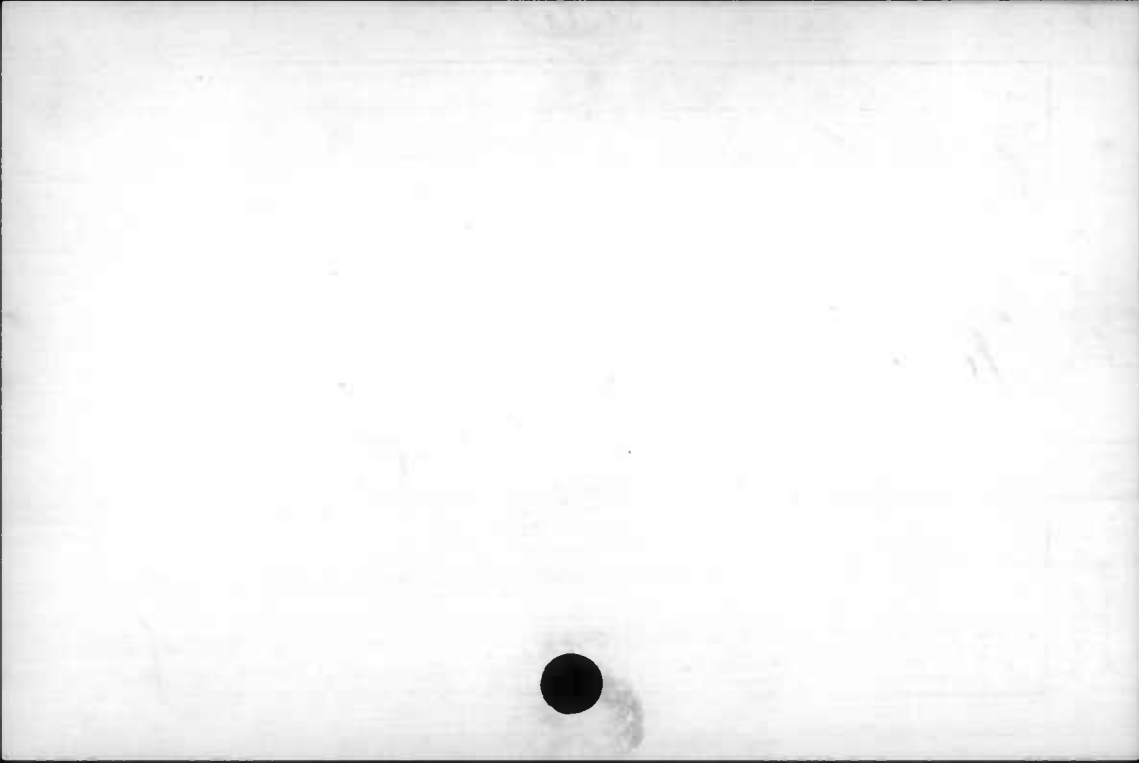
Address

Ellicott City Md

Accident or Suicide

PHYSICIAN
OR CORNER

Q



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Bath</i>		County		MARYLAND	
Date of death	1909	Month	March	Day	31	Age	Years
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>2. town -</i>		Months <i>10</i>	
Occupation		Where Residing if not at place of death		3908 Mt. Pleasant Ave		Days <i>5-</i>	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John Hart</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Rose Kreppel</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>John Hart</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>10 days -</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>		Signature of Physician <i>C. V. Attey</i>	
		Address <i>3200 Hudson St</i>	
Accident or Suicide?			

Murdell Lippel & Son
330 S. Bond St.

Holy Redeemer - Cems.

Apr. 1st 1909

Name
in
Full

Loretto M Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

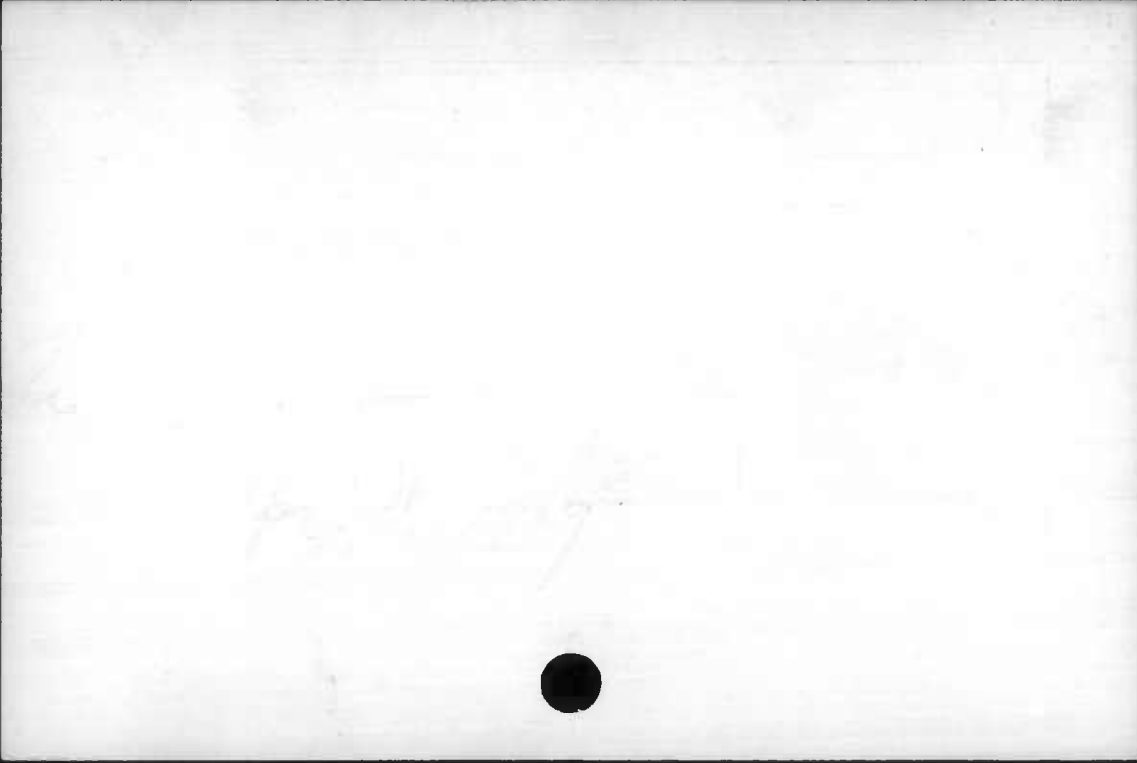
Died at ^{Town} Mt Hope ^{County} Kent		BALTIMORE	
Date of death 1909		Age at 43	
Month		Months	
Day		Days	
Sex Female		Color or Race White	
Occupation Melancholia		Birth-place Baltimore	
Where Residing if not at place of death Baltimore Md			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Not Known		Father's Birthplace Not Known	
Mother's Maiden Name "		Mother's Birthplace "	
Name of person giving Information Recd Mt Hope		How related to deceased Not at all.	

CAUSES OF DEATH

68

Primary Melancholia	How long over 4 yrs
Immediate Exhaustion	How long 10 or 12 days
Are the name, age, sex, color, data and place correctly given above? Yes	Signature of Physician Frank J. Flannery
	Address Mt Hope Kent
Accident or Suicide	

PHYSICIAN
OR CORNER



Name
in
Full

Ambrose R. Henderson *Residing with de*
 Town *St. Helena* County *Balto* *Back School Mary*
 Died at *St. Helena* *Balto* *MARYLAND*

CERTIFICATE OF DEATH

Date of death 190 *9* Month *8* Day *10* Age *42* Years Months *2* Days *5*

Sex *Male* Color or Race *White* Birth-place *Va.*

Occupation *Carpenter* Where Residing if not at place of death *St. Helena*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Mary Henderson*

Father's Name *Chas. H. Henderson* Father's Birthplace *Va.*

Mother's Maiden Name *Lucy J. " "* Mother's Birthplace *Va.*

Name of parson giving information *Mary Henderson* How related to deceased *Wife*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *6 months*

Immediate *_____* How long *_____*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Birchwood*

Address *102 E 25 St
Baltimore Md*

Accident or Suicide *_____*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Oak Lamm kenn.

Herrigson

3/13/09

Name
in
Full

Andrew C. Iherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Westport, ^{Town}		Baltimore ^{County}		MARYLAND	
Date of death		1908	Month	8	Day	7	Age
		Male		Color or Race		White	
		Sex		Birth-place		Westport.	
		Occupation		Where Residing if not at place of death		none. at place.	
		Married, Single or Widowed		Name of Wife or Husband		Single. none.	
		Father's Name		Father's Birthplace		Andrew Iherman. Germany.	
		Mother's Maiden Name		Mother's Birthplace		Merry C. Latard Baltimore	
		Name of person giving information		How related to deceased		Andrew Iherman. father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Congenital Debility.		How long		2 months.	
Immediate		Dumb's spasms.		How long		8 hours.	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R. H. L. L. L. L.	
				Address		Mt. Vernon's	
						m. cl. 13	
Accident or Suicide?							

Holy Cross. Conn
Mch 9/40 9
Wm Cook

Name
in
Full

George A. Hessler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death	190 <i>9</i> <small>Month</small>	<i>26th</i> <small>Day</small>	Age <i>89</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Shoe Maker</i>	Where Residing if not at place of death <i>700 S. Third St</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Elizabeth Ann Hessler</i>				
Father's Name <i>Don't Know</i>	Fether's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Louis G. Hessler</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Cerebral Hemorrhage</i>	64 <small>How long</small> <i>21 day</i>
Immediate <i>Exhaustion</i>	<small>How long</small> <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frederic Caruthers MD</i>
	Address <i>2229 E. Balto St Balto Md</i>
Accident or Suicide <i>No</i>	

PHYSICIAN
OR CORONER

Sacred Heart Cemetery

Dec 30th 09

Lilly and Geiler
Undertakers

Name
in
Full

Samuel Hickey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

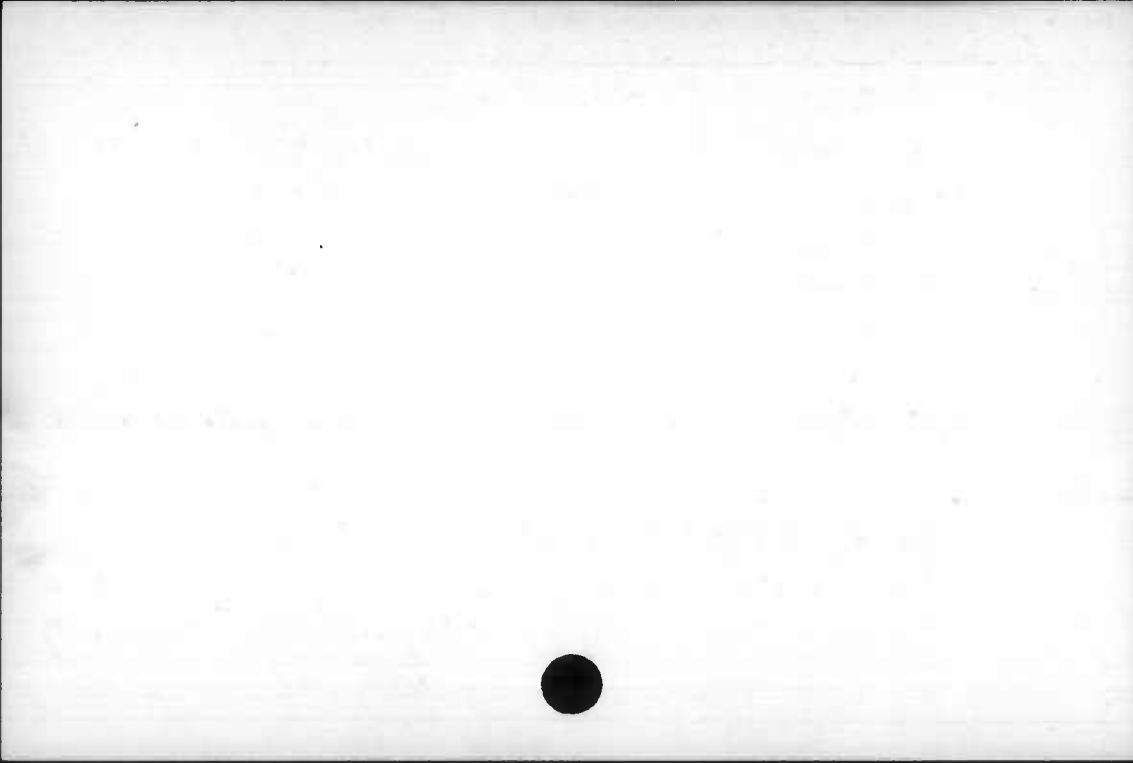
Died at *Wt Hope Retreat* *Balto* *MARYLAND*
 Date of death *1909* *March* *24* *Age 60* *Unknown* *Unknown*
 Sex *Male* Color or Race *White* Birth place *Ireland*
 Occupation *Fireman* Where Residing if not at place of death *Norfolk Va*
 Married, Single or Widowed *Widower* Name of Wife or Husband *not known*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *"* Mother's Birthplace *"*
 Name of person giving Information *Reeds Wt Hope Retreat* How related to deceased *not at all*

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary *Angina Senile* How long *over 1 year*
 Immediate *Ex Bulbar Paralysis* How long *over 1 year*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Frank J. Flannery*
 Address *Wt Hope Retreat*
Wt Hope Md.
 Accident or Suicide *()*



Name
in
Full

Leah Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Govanstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>March</i>	Day <i>16</i>	Age <i>35</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Eliza Hill</i>				
Father's Name <i>Robert Nichols</i>	Father's Birthplace <i>Virginia</i>		Mother's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Rose F. Garrett</i>	How related to deceased				
Name of person giving information <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long <i>3 years</i>
Immediate	<i>Debility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Barron, M.D.</i>	
	Address <i>2628 York Road</i>	
	City <i>City</i>	
Accident or Suicide?		

Alex. Hemmley
578 W. Bidwell St
Baltimore city

Zion Church
Gorhamtown
Md

Homewood Ave
Gorhamtown, 2^d house
left of Church

Name
in
Full

Still Birth Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Balto. ^{County} Balto. **MARYLAND**

Date of death 1909 ^{Month} Mch ^{Day} 4 ^{Age} — ^{Years} — ^{Months} — ^{Days} —

Sex Female ^{Color or Race} white ^{Birth-place} Balto. Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
Husband

Father's Name Henry Hoffman

Father's Birthplace Germany

Mother's Maiden Name Anna Black

Mother's Birthplace Germany

Name of person giving
In formation Emma KraisserHow related
to deceased step sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary During delivery

How long

Immediate Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. D. Jones
3419 Elliott St.

Accident or Suicide?

Jos. Stuntbeck
Light & Beverley Sts
Western Conn.

Name
in
Full

Leroy Emory Horst

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highland		County Baltimore		MARYLAND	
Date of death		Month 9	Day 25	Age Years —		Months —	Days 17
Sex Male		Color or Race White		Birth-place Maryland			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Charles Horst				Father's Birthplace Balto			
Mother's Maiden Name Lena Hayden				Mother's Birthplace Balto			
Name of person giving information Charles Horst				How related to deceased Father			

CAUSES OF DEATH

92

Primary

Broncho Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. N. P. H. E. Y.

3200 Henderson

Accident or Suicide?

PHYSICIAN
OR CORONER

1st Evangelical ben
March 26/99
H. Sander Lous

Name
in
Full

Eugene Vernon Howser

CERTIFICATE OF DEATH

Died at ^{Town} *Baltimore* ^{County} *Baltimore*

MARYLAND

Date of death *1909* Month *march* Day *18th* Age *25* Years Months *Seven* Days *12*Sex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *Trav. Salesman* Where Residing if not at place of death *athol Ave, Irvington*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *James Vernon Howser* Father's Birthplace *Baltimore*Mother's Maiden Name *Clara Eugenia Carson* Mother's Birthplace *Baltimore*Name of person giving information *W. Carson Dooms* How related to deceased *Cousin*

CAUSES OF DEATH

27

Primary *Broncho-Pneumonia (Influenza)* How long *3 Months*Immediate *Heart Failure* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Henry J. Hahn M.D.*Address *Irvington*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

George J. Smith.

Name
in
Full

Carmelia C. Inserra

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto		MARYLAND	
Date of death		Month 1909	Day 3	Age 25	Years 40	Months	Days
Sex	Female		Color or Race	White		Birth-place	Italy
Occupation	Housework		Where Residing if not at place of death		407 S. 4 th St.		
Married, Single or Widowed	Married		Name of Wife or Husband	Joshua Inserra			
Father's Name	Unknown				Father's Birthplace	Italy	
Mother's Maiden Name	Unknown				Mother's Birthplace	" "	
Name of person giving Information	Jos. Inserra				How related to deceased	Husband	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Acute Nephritis -		How long	Since 2-24-09
Immediate	Lobar Pneumonia Heart Failure		How long	Since 3-13-09
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	S. Demarco M.D.
			Address	1604 Linden ave
Accident or Suicide				

Oak Lawn Cemetery

Herrig & Son

3/27/09

Name in Full		Certificate of Death			
Peter Jackson		Town North Point		County Baltimore	
Died at		MARYLAND			
Date of death		1909	Month March	Day 26	Age 7
		Months 3		Days 3	
Sex Male		Color or Race Colored		Birth-place Maryland	
Occupation None		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Charles Jackson		Father's Birthplace Maryland			
Mother's Maiden Name Susan Growthfull		Mother's Birthplace Maryland			
Name of person giving information Charles Jackson		How related to deceased Father			
CAUSES OF DEATH					
Primary Pneumonia		How long 5 days			
Immediate Exhaustion		How long 3 hours			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Jos Blair J. P.			
		Address Sparrow Point Md.			
Accident or Suicide? no					

Ashbury cemetery

March 30/09

H. Jander Lous

1710 Canton Ave

Baltimore

Name
in
Full

Ellie Jarrett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

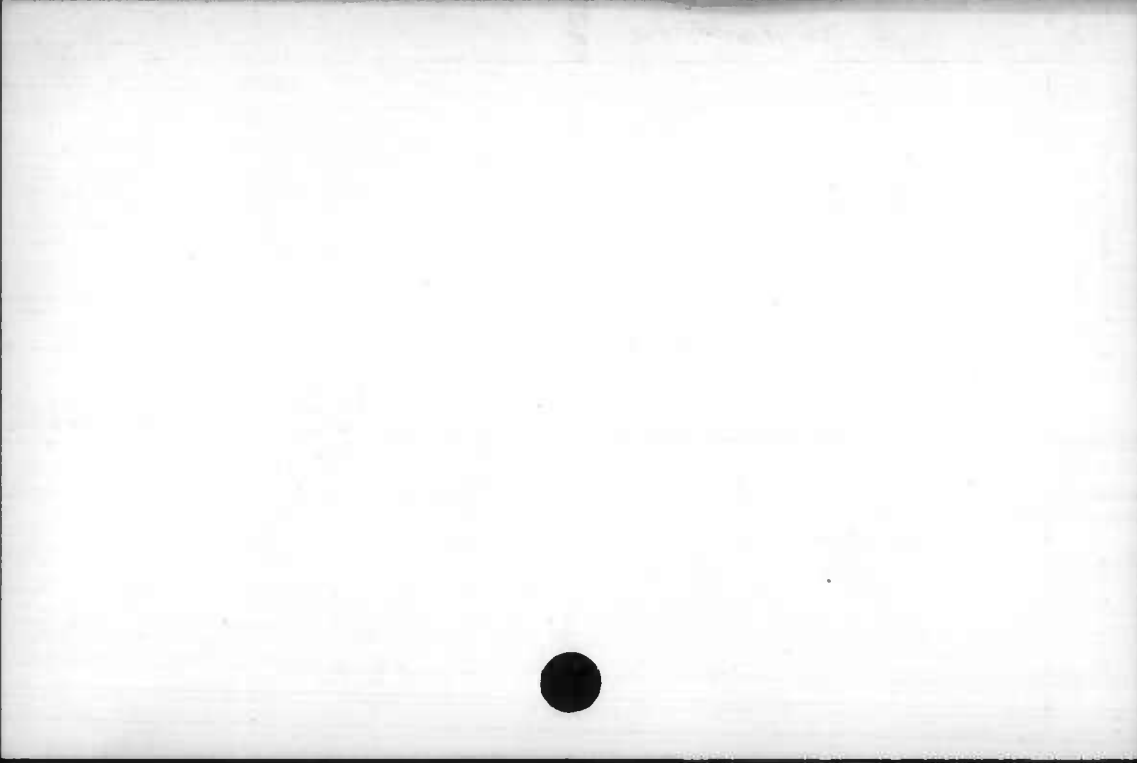
Died at <i>Ms Hope Retreat</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Mar</i>	Day <i>7th</i>	Years <i>abt 32</i>	Months <i>not known</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Phila Pa</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Phila Pa</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Recd, Ms Hope Retreat</i>		How related to deceased <i>not at all</i>			

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Mania Epileptic</i>	How long <i>over 6 yrs</i>
Immediate <i>Ex. Status Epilepticus</i>	How long <i>abt 10 or 12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Ms Hope Retreat</i>
	<i>Ms Hope Ma.</i>
Accident or Suicide <i>no</i>	



Name
In Full

Lewis C Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Highlandtown		Balto					
Date of death		Month	Day	Age	Years	Months	Days
1907		March	12	61		7	23
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation		Where Residing if not at place of death					
Barber		107 h Clinton St					
Married, Single or Widowed		Name of Wife or Husband					
Married		Helena Johnson					
Father's Name		Father's Birthplace					
Thomas Johnson		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Theodores Wagner		Germany					
Name of person giving Information		How related to deceased					
Helena Johnson (Wife)		Wife					

CAUSES OF DEATH

Primary

Carcinoma of Stomach

How long

mrs

Immediate

How long

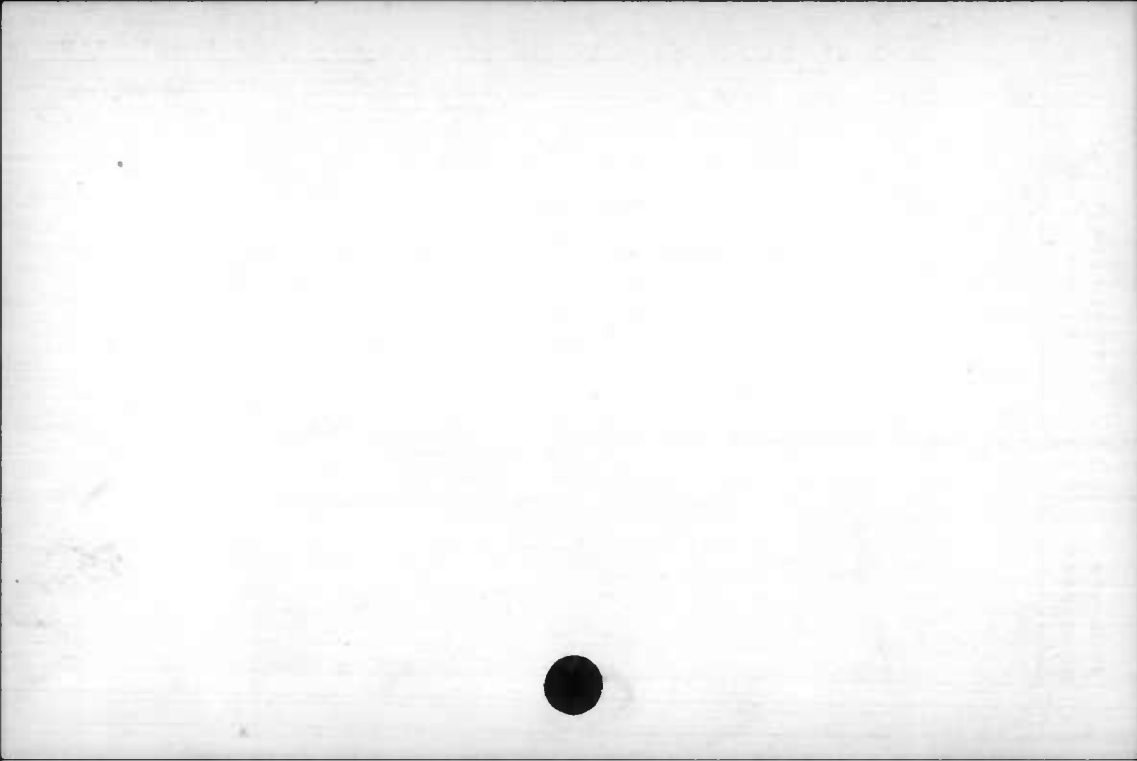
Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

J. H. Burkhardt M.D.
1303 Lyght St

Accident or Suicide



Name
in
Full

John G. Jones

Balt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Balt. Co.		County Balt.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	26	4		7	23
Sex		Color or Race		Birth-place			
M.		White		Balt. Md.			
Occupation				Where Residing if not at place of death			
—				1808 Highland Ave.			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
John Jones				Balt. Md.			
Mother's Maiden Name				Mother's Birthplace			
Annie Signist				" "			
Name of person giving Information				How related to deceased			
John Jones				Father			

CAUSES OF DEATH

61

Primary	Acute Meningitis	How long	3 weeks
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. L. Gray	
No		Address	
		32 South Highland Ave.	
Accident or Suicide			

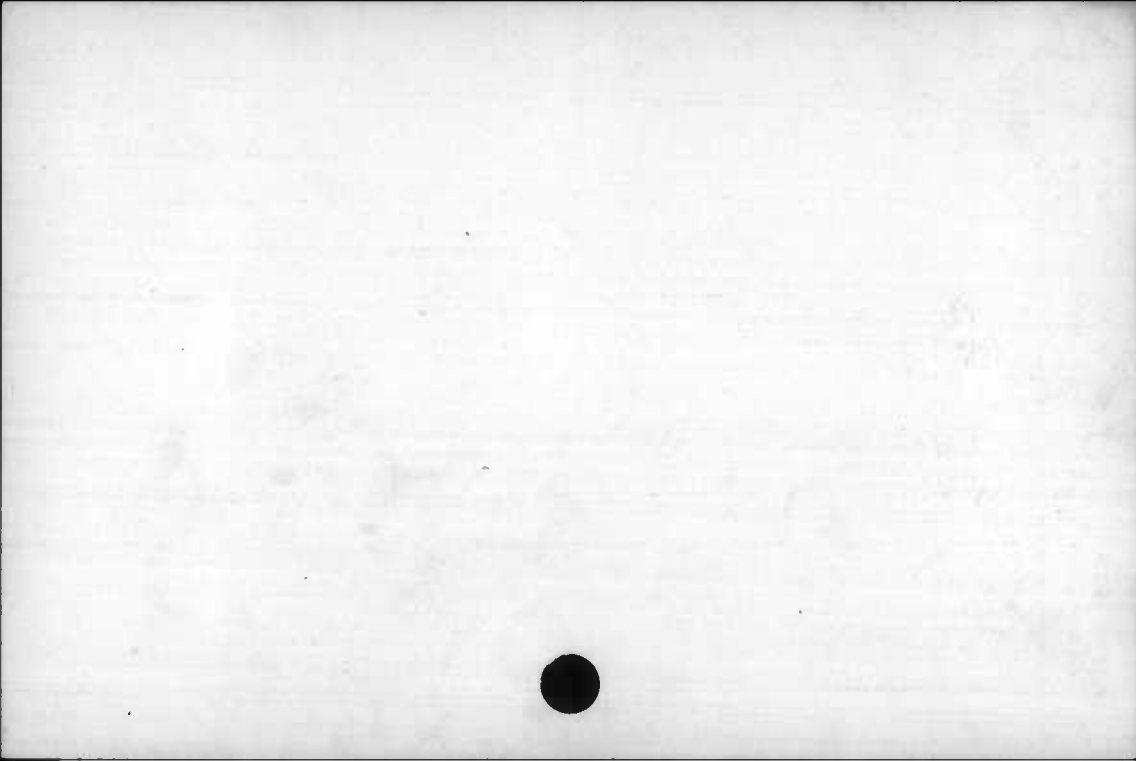
PHYSICIAN
OR CORONER

Wendell Lippel
+ Son.

Holy Redeemer,
Cemetery,

Monday Mar. 29/69.

Name in Full Laura Jones		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Lordly Town		Balls County
	Date of death 1909 Month Mar Day 18		Age ✓ Years Months 5 Days ✓
	Sex Female	Color or Race Black	Birth-place Ind.
	Occupation ✓		Where Residing if not at place of death Lordly Ind.
	Married, Single or Widowed ✓	Name of Wife or Husband ✓	
	Father's Name Jessie Jones	Father's Birthplace Ind.	
	Mother's Maiden Name Laura Brown	Mother's Birthplace Ind.	
Name of person giving information Jessie Jones		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Congestion of the Lungs		How long one week
	Immediate " " " " " "		How long " "
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. F. H. Gossard
			Address Fork Ind.
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Wm Judy

Town

County

Died at

Sparrows Point

Balt.

MARYLAND

Date

of death 190

Month

3

Day

13

Age

Years

—

Months

—

Days

2

Sex

Male

Color or
Race

Wh.

Birth-
place

Sparrows Point

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm Judy

Father's
Birthplace

Pa.

Mother's
Maiden Name

Lilly Clarke

Mother's
Birthplace

Md.

Name of person giving
Information

Hester Judy

How related
to deceased

Father

CAUSES OF DEATH

150

Primary

Congenital Heart-Disease

How long

2 days

Immediate

Exhaustion

How long

1 hr

Are the name, age, sex, color, date
and place correctly given above?

yes

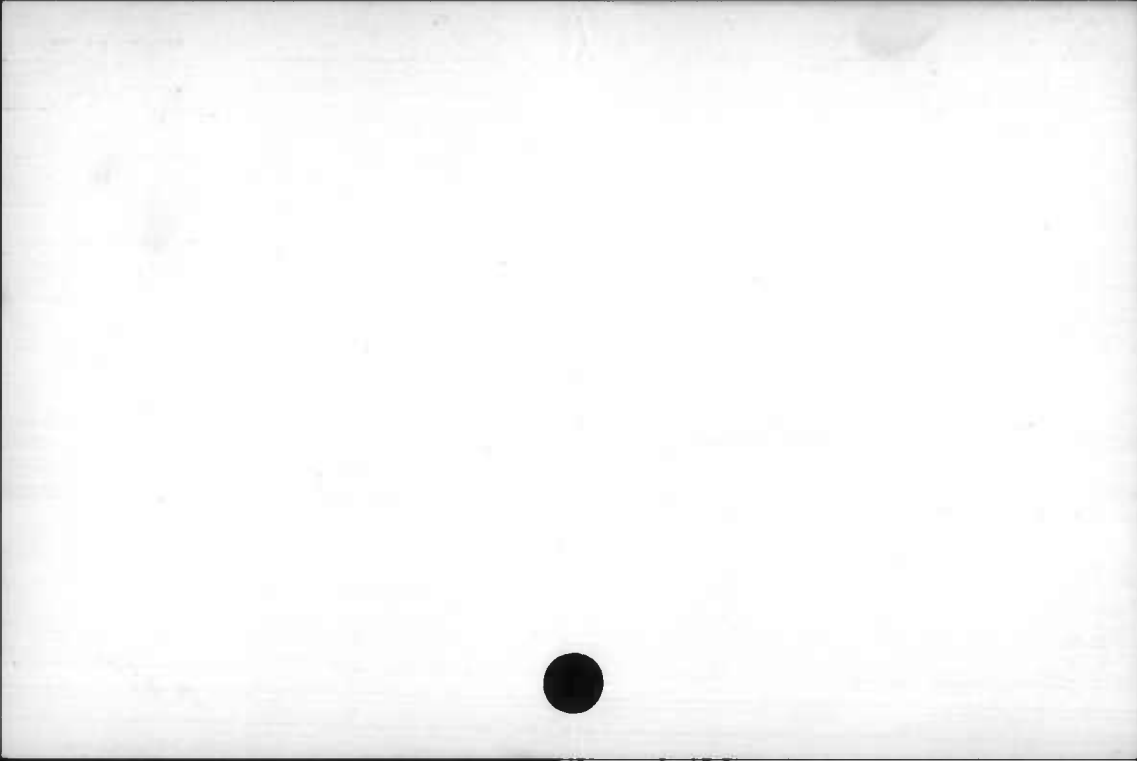
Signature of
Physician

Address

J. S. Woodward M.D.
Sparrows Point

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Cal</i>	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>26</i>	Age <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto</i>	Months <i>9</i>
Occupation	Where Residing if not at place of death <i>1320 East W.</i>		Days <i>2</i>
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Geo Keck</i>	Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Blanch Hatchcliffe</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Geo Keck</i>	How related to deceased <i>father</i>		

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

~~Accident or Suicide?~~

Wt. Samuel Ben

Dec 27/909

You look under the
502 E 7/10th St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John P. Kelley*

Died at *White House* Town *Balto* County

Date of death *1909* Month *3* Day *23* Age *83* Years Months *4* Days *23*

Sex *Male* Color or Race *White* Birth-place *Rayville*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, ~~Single~~ *Married* Name of Wife or Husband *Sarah J. Kelley*

Father's Name *Basil Kelley* Father's Birthplace *Unknown*

Mother's Maiden Name *Rhoda Perezgoy* Mother's Birthplace *Unknown*

Name of person giving Information *Sarah J. Kelley* How related to deceased *Wife*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *La Grippe* How long *About 2 weeks*

Immediate *Heart Failure* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *H. C. Wells*

Address *Hampstead Maryland*

Accident or Suicide? *—*



Name
in
Full

Annie May Knox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Lauraville County Balto co **MARYLAND**

Died at Lauraville Month March Day 7 Age 33 Years Months Days

Date of death 1909

Sex Female Color or Race White Birth-place Balto.

Occupation Housewife Where Residing if not at place of death Lauraville.

Married, Single or Widowed Married Name of Wife or Husband John P. M. Knox

Father's Name James Williams Father's Birthplace Germany

Mother's Maiden Name Catherine Rice Mother's Birthplace Germany

Name of person giving Information Edw. B. Williams How related to deceased Brother

CAUSES OF DEATH

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

N. Webster Blair Rd
Robert Engle House

Bonne Pave Beauty
Junk 10/909
Wardrop
505 E. 3rd St
M.

Name
in
Full

John H. Krüger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maiden Ch. Lane</i>		Town <i>Balto</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>4</i>	Age	Years	Months	Days <i>50</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto. Co.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Wm. Krüger</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Caroline Sommerfeld</i>			Mother's Birthplace <i>4</i>				
Name of person giving information <i>Wm. Krüger</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>acute Bronchitis</i>	How long <i>1 week</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Agustav Dill MD</i>
		Address <i>1433 W. Lombard St</i>
		<i>Balto MD 13</i>
Accident or Suicide?		

C. W. Hill

London Park
Cemetery.

Name
in
Full

Wm B. Sanborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Spinn's Point* Town *Baltimore* County

Date of death *1909 March 19* Age *19* Years Months Days *1*

Sex *Male* Color or Race *White* Birth-place *Spinn's Point*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *John T. Sanborn*

Father's Birthplace *Md*

Mother's Maiden Name *Ann E. Dorell*

Mother's Birthplace *Md*

Name of person giving Information *J. T. Sanborn*

How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Pneumonia* How long *1 day*

Immediate *Pneumonia* How long *1 day*

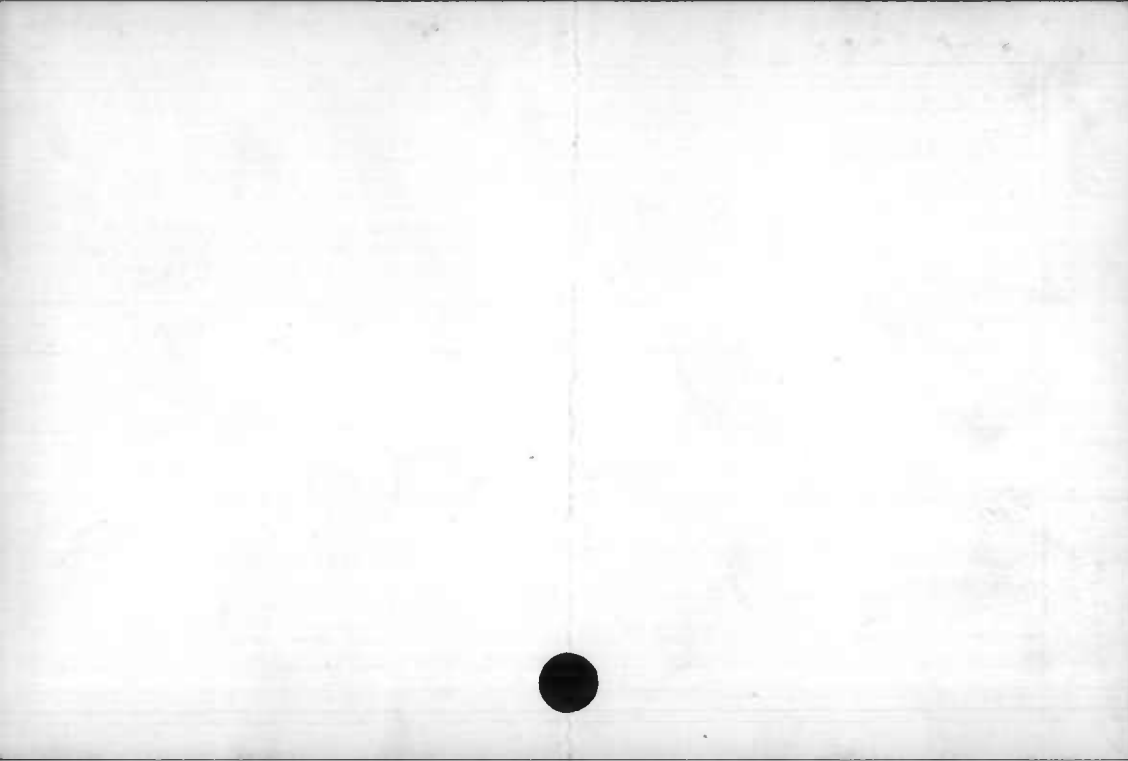
Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *F. C. Elder M.D.*

Address *Spinn's Point Md 15*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Catherine M. Leutte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Balto.</i>	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>17</i>	Age <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>	Months <i>3</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>414 S. Bouldin St</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>William O. Leutte</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Catherine Frolich</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>William O. Leutte</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. J. McAnoy M.D.</i>
	Address <i>836 S. Canton St.</i>
Accident or Suicide?	

Mr Carmel Conn

March 14, 09

H. Sander: Son

Name
in
Full

Elizabeth Linberger

CERTIFICATE OF DEATH

Died at

Canton

Town

County

Balto.

MARYLAND

Date

of death

1909

Month

Mch

Day

27th

Years

Age

31

Months

1

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Balto Co.

Occupation

House Wife

Where Residing if not
at place of death

926 S. First St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Henry Linberger

Father's
Name

William Schaefer

Father's
Birthplace

Germany

Mother's
Maiden Name

Margaret Deulauer

Mother's
Birthplace

" "

Name of person giving
Information

Henry Linberger

How related
to deceased

Husband

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

3 years

Immediate

Aschemia

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W. L. Burke M.D.

Address

3042 Hudson St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Lilly E. Feiler
403 S. Wolfe St.

Holy Redeemer cemetery.

Name
in
Full

Herman J. C. Ling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Mar.	11	14			
Sex	Male	Color or Race	White	Birth-place		Jacksonville	
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Leonard M. Ling			Father's Birthplace		
Mother's Maiden Name		bathorying of Lantz			Mother's Birthplace		
Name of person giving Information		Albert H. Ling			How related to deceased		
					Uncle		

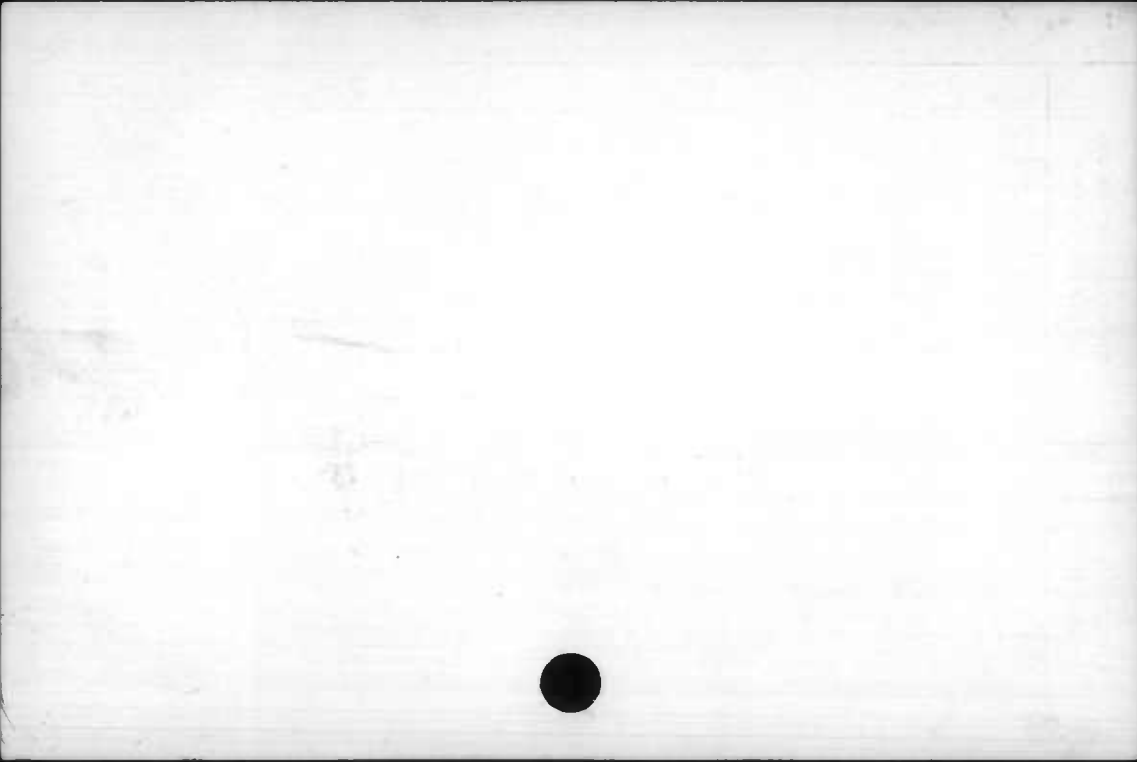
CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Grip followed by Pleurisy	How long	11 days & 14 days
Immediate	Empyema	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thos. H. Emory M.D.
		Address	Monteton, Md.
Accident or Suicide	no		

10



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Barr Longnecker</i>		Town <i>Louisa</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Louisa</i>		Month <i>March</i>		Day <i>12</i>		Years <i>66</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>12</i>		Years <i>66</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Louisa Pa</i>			
Occupation <i>Bookkeeper</i>		Where Residing if not at place of death <i>Louisa</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Longnecker</i>					
Father's Name <i>John H. Longnecker</i>		Father's Birthplace <i>Louisa Pa</i>					
Mother's Maiden Name <i>Anna Barr</i>		Mother's Birthplace <i>Louisa Pa</i>					
Name of person giving Information <i>H. C. Longnecker</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis, disease of Liver, heart & kidneys</i>		How long <i>About 4 years</i>	
Immediate <i>Cardiac asthma</i>		How long <i>One week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. J. Farrell</i>	
		Address <i>Fusion, Md.</i>	
Accident or Suicide <i>No</i>			

John Burns & Co

Prospect Hill Conn

January

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1909 March 18</i>		Age <i>54</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>3301 Fair Ave</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Michael Lyons</i>				
Father's Name <i>John Jenkins</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Kate O'Neal</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving Information <i>Conrad O'Neil</i>		How related to deceased <i>Son in Law</i>			

CAUSES OF DEATH

Primary	<i>Carcinoma of Uterus</i>	42 How long	<i>1 year</i>
Immediate	<i>Cachexia</i>	How long	<i>3 mos.</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>M. J. McAvoy M.D.</i>	
		Address <i>839 S. Canton St.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER

Wm Cook
502 E North Ave

Sacred Heart
Saturday
March 1 909

Name
in
Full

Elizabeth A. McComas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Reisterstown		County Baltimore		MARYLAND	
Date of death	1909	Month March	Day 27	Age 92	Years 2	Months 66	Days
Sex	Female		Color or Race	White		Birth-place	Harford Co. Md
Occupation	House duties		Where Residing if not at place of death		Near Easton		
Married, Single or Widowed	Widow		Name or Wife or Husband	Aquila McComas			
Father's Name	Egbert Slade					Father's Birthplace	Harford Co. Md.
Mother's Maiden Name	Anna Boghr					Mother's Birthplace	Harford Co. Md.
Name of person giving information	Amos McComas					How related to deceased	Son

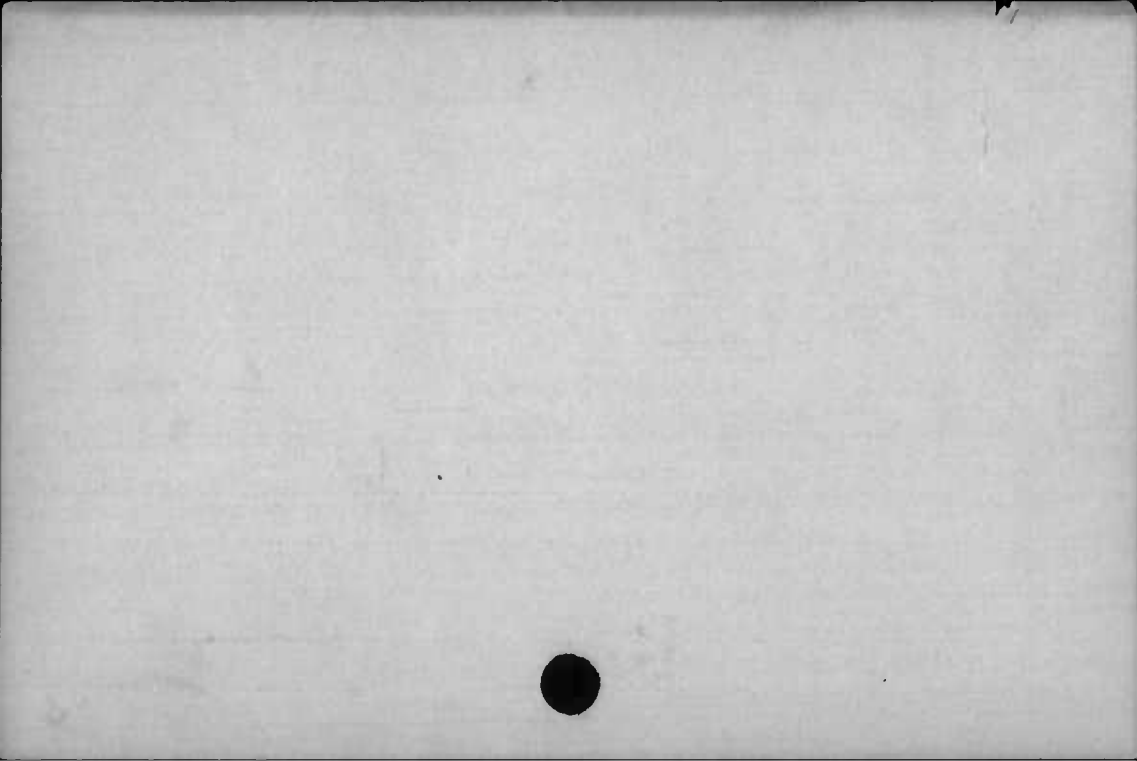
Empyematous inflammation
terminating in general septicemia.

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary	Septic decay	How long	One Year
Immediate	Accident Blood poisoning	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James Gore M.D.
Wound of arm caused		Address	Reisterstown Md
Accident on at by falling.			



Name
in
FullAmelia M^cGreedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Groves* Town*Baldwin* CountyDate of death *1909 Mch*Day *31*Age *52 yrs.*Months *—*Days *—*Sex *Female*Color or Race *White*Birth-place *Baltimore*Occupation *Housewife*Where Residing if not at place of death *713 N. Calhoun St*Married, Single or Widowed *Widowed*

Name of Wife or Husband

*M^cGreedy*Father's Name *W. M. C. Forney*Father's Birthplace *Baltimore*Mother's Maiden Name *Amelia Rochester*Mother's Birthplace *Baltimore*Name of person giving information *Sister Mrs Berry*How related to deceased *Sister*

CAUSES OF DEATH

68

Primary *Organic Dementia*How long *16 mos*Immediate *Exhaustion*How long *3 mos.*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*W. S. Carswell M.D.**2225 1st St**Baltimore*Accident or Suicide? *none*

Chas. E. Foane

London Park Cemetery

Name
in
Full

Mary Jane McLaughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

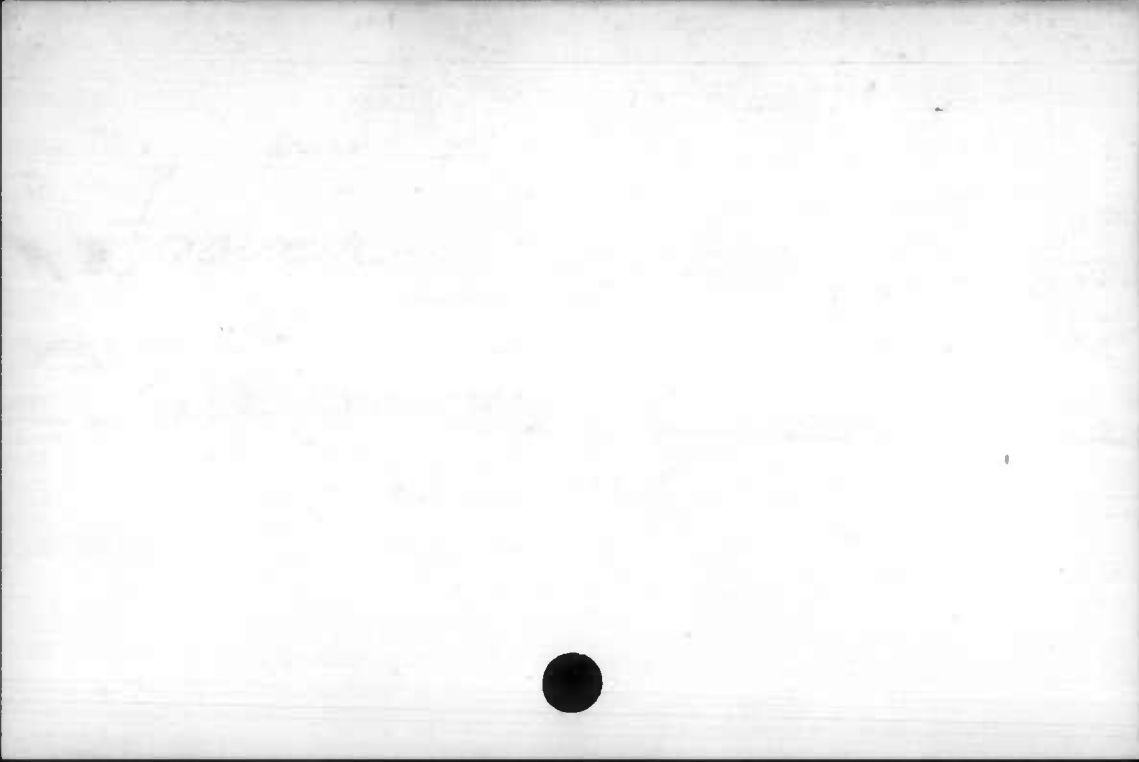
Died at ^{Town} <i>Mt Hope Retreat</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month	<i>March</i>
		Day	<i>22nd</i>
		Years	<i>Age 54</i>
		Months	<i>unknown</i>
		Days	<i>unknown</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>None</i>	Birth-place	<i>Pa</i>
Where Residing if not at place of death		<i>Fairfield Pa</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	
Father's Name	<i>unknown</i>	Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>"</i>	Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Reeds Mt Hope</i>	How related to deceased	<i>not at all</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORNER

Primary	<i>Meningeal Chr.</i>	How long	<i>over 8 yrs.</i>
Immediate	<i>Ex. P. Tuberculosis</i>	How long	<i>abt 3 or 4 yrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank J. Flannery</i>
		Address	<i>Mt Hope Retreat Mt Hope Md.</i>
Accident or Suicide	<i>Accident</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James McMaster</i>		Town <i>Orangeth</i>		County <i>Balt</i>		MARYLAND	
Died at <i>Orangeth</i>		Month <i>March</i>		Day <i>12</i>		Age <i>43</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Scotland</i>	
Occupation <i>Toll Shop Manager</i>		Where Residing if not at place of death <i>Orangeth Balt County</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth McMaster</i>					
Father's Name <i>John McMaster</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Jane Mc Bready</i>		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>Elizabeth McMaster</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary & Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Tubercular Peritonitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Walter B. A. Meyer M.D.</i>
	Address <i>1031 N. Carolina Str. Balt. Md.</i>
Accident or Suicide? <i>No</i>	

Oak Lawn Cemetery

March 15 - 1909.

Christian Miller
2334 Jefferson St

Name in Full		Maria Mahu				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highland		County Baltimore		MARYLAND	
	Date of death	1909	Month March	Day 18	Age 4	Years 6	Months Days
	Sex	Female		Color or Race	White		Birth-place Maryland
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Frank Mahu				Father's Birthplace	Germany
	Mother's Maiden Name	Minnie Herberts				Mother's Birthplace	Baltimore
Name of person giving information	Frank Mahu				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diphtheria				How long	7 Days
	Immediate	Cardiac Paralysis				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. J. A. Seantz		
					Address 3241 Eastern Ave.		
	Accident or Suicide?						

St Pauls Conn.

March 19.09

H. Sander Sons

Name
in
Full

CERTIFICATE OF DEATH

Katharine E. Manning
Roland, Md. County

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County			
Date of death	1909	Month	3d	Day	1	Age	39
Sex		Female		Color or Race		White	
Occupation		Priest		Where Residing if not at place of death		Theodore, Md	
Married, Single or Widowed		Single		Name of Wife or Husband		unknown	
Father's Name		J. Manning		Father's Birthplace		Ireland	
Mother's Maiden Name		Alice Fitzpatrick		Mother's Birthplace		Ireland	
Name of person giving information		Broth		How related to deceased		120	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Asthmal Refractory	How long	2 yrs
Immediate	Exhaustion	How long	ever
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Roland, Md	
Accident or Suicide?			

St. Mary's Cemetery

(Gowanstown)

Henry Hoek & Son

Name
in
Full

Thomas Marks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hilandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>3</i> ^{Month}	<i>17th</i> ^{Day}	Age <i>26 yrs</i> ^{Years}	<i>3</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Philadelphia</i>		
Occupation <i>Boiler Maker</i>			Where Residing if not at place of death <i>3226 Myrtle place</i>		
Married, Single <i>Married</i>		Name of Wife or Husband <i>Elsie Marks</i>			
Father's Name <i>George Marks</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Jennie Hanna</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mrs Jennie Marks</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phtisis</i>	How long <i>3 Weeks</i>
Immediate <i>Cardiac Syncope</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. D. Linder M.D.</i>
	Address <i>3356 E Balto</i>
Accident or Suicide? <i>Accident</i>	

W^m Hook

502 E. North ave

Undertaker

Oak Lawn Cem

Sunday 20th 1909.

Name
in
Full

Clara Mary Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Woodlawn ^{Town} Balto co ^{County} Baltimore
 Date of death 3/23/1907 ^{Month} March ^{Day} Tuesday ^{Years} Age 27 days
 Sex female Color or Race white Birth-place Woodlawn
 Occupation _____ Where Residing if not at place of death _____

MARYLAND

Married, Single
or WidowedName of Wife or
HusbandFather's Name Wm J MartinFather's Birthplace Balto co WoodlawnMother's Maiden Name Mary Genevieve LuresMother's Birthplace Balto coName of person giving
In information Wm J MartinHow related
to deceased Father

CAUSES OF DEATH

150

Primary

Hydrocephalus

How long

1 month

Immediate

Inanition

How long

sameAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianA. C. Smith

Address

Woodlawn Sta

Accident or Suicide?

—

St. Agness Cemetery.

M. Cadogan

Name
in
Full

Lucy Meads

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sherwood</i>		County <i>Balto.</i>		MARYLAND	
Date of death		Month <i>Mar.</i>	Day <i>26</i>	Years <i>60</i>	Months	Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Balto. Cond</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Sherwood</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Meads</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>Not Known</i>					
Name of person giving Information <i>James Meads</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Trouble</i>	How long	<i>Just Known</i>
Immediate	<i>Dropsy</i>	How long	<i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm L. Smith</i>	
		Address <i>Rides.</i>	
Accident or Suicide <i>—</i>		<i>and</i>	

John Burns Sons
Tinsmiths.

Bare Hill Cemetery
Ruxton

Name
in
Full

Margaret Gwynn Merryman CERTIFICATE OF DEATH
Corbett *Bald*

MARYLAND

Died at *Corbett* Month *3* Day *29* Age *85* Years *5* Months Days

Sex *white Female* Color or Race *white* Birth-place *Ohio*

Occupation *Housewife*

Where Residing if not at place of death

~~Married, Single or Widowed~~

Name of Wife or Husband

John Merryman

Father's Name *W. Gwynn*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Mrs Clinton Merryman

How related to deceased *Daughter-in-Law*

CAUSES OF DEATH

154

Primary *Infundibular Aneurysm*

How long *1 yr*

Immediate *Atherosclerosis*

How long *Several*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. Ross Payne

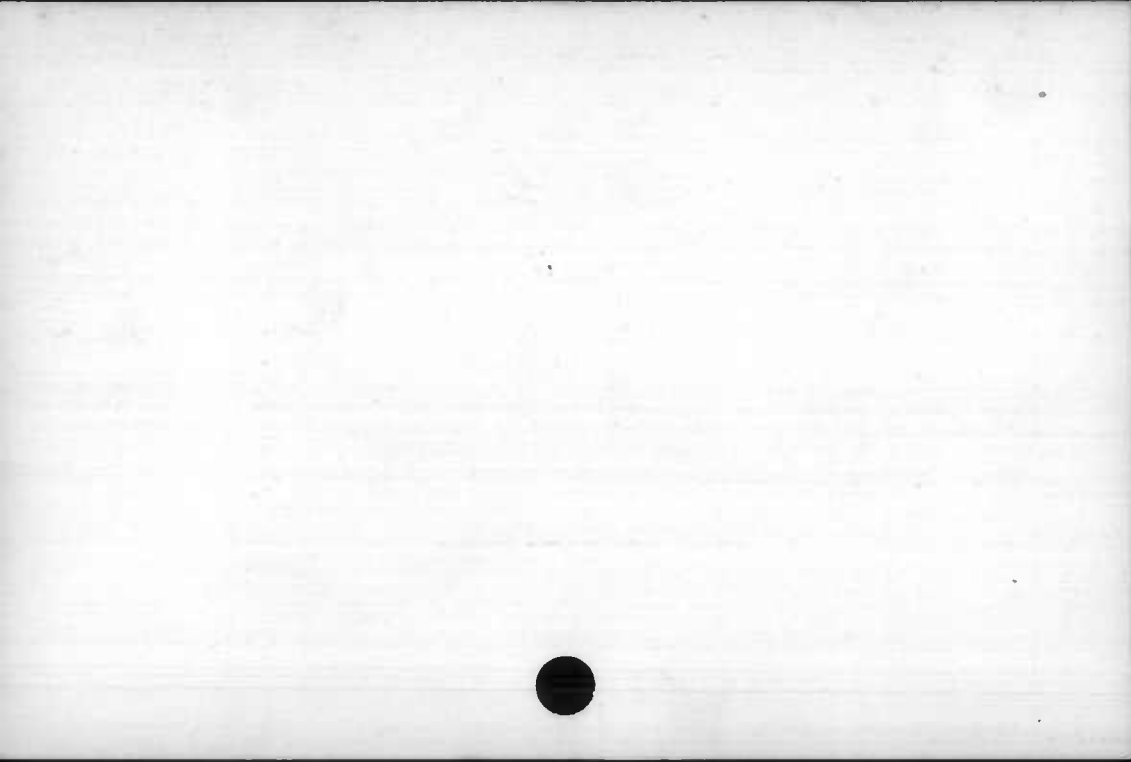
Address

*Corbett
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Annie Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

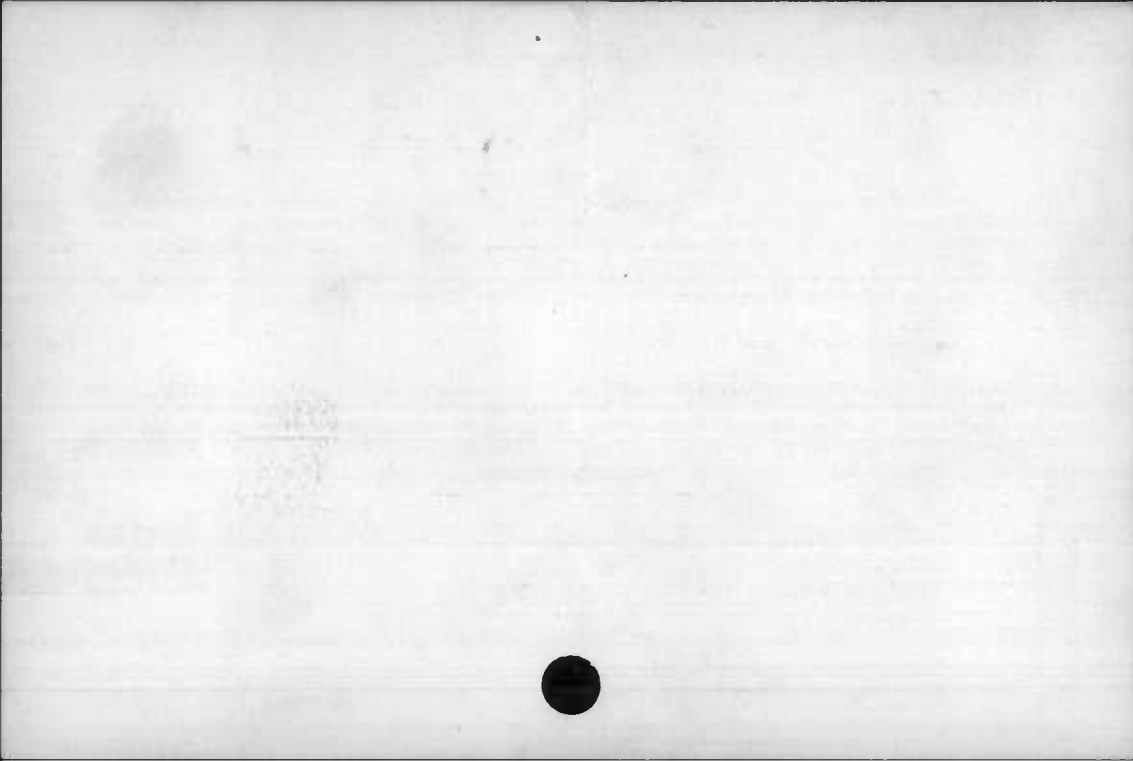
Died at		Town Sparrows Point		County Baltimore		MARYLAND	
Date of death	1909	Month March	Day 8th	Age Years	60	Months	8
Sex	Female		Color or Race	white		Birth- place	Penna.
Occupation	House wife			Where Residing if not at place of death Sparrows Point			
Married, Single or Widowed	Widow		Name of Wife or Husband	William Frederick Miller			
Father's Name	William Miller					Father's Birthplace	Germany
Mother's Maiden Name	unknown					Mother's Birthplace	unknown
Name of person giving information	Wm. C. Miller					How related to deceased	son

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	8 days
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. E. McCormick M.D.
		Address	Sparrows Point Md.
Accident or Suicide?			no



Name
in
Full

CERTIFICATE OF DEATH

Edward Moon

Town

County

MARYLAND

Died at

Batonville

Balto -

Date

of death

1909

Month

March

Day

20

Year

Age 36

Months

x

Days

x

Sex

Male

Color or
Race

White

Birth-
place

Maryland -

Occupation

Farmer

Where Residing if not
at place of death

Catonsville Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

Single

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Hospital Records

How related
to deceased

CAUSES OF DEATH

69

Primary

Epileptic Insanity

How long

15 years -

Immediate

Status Epilepticus

How long

1 day -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

P. Edw. Garrett

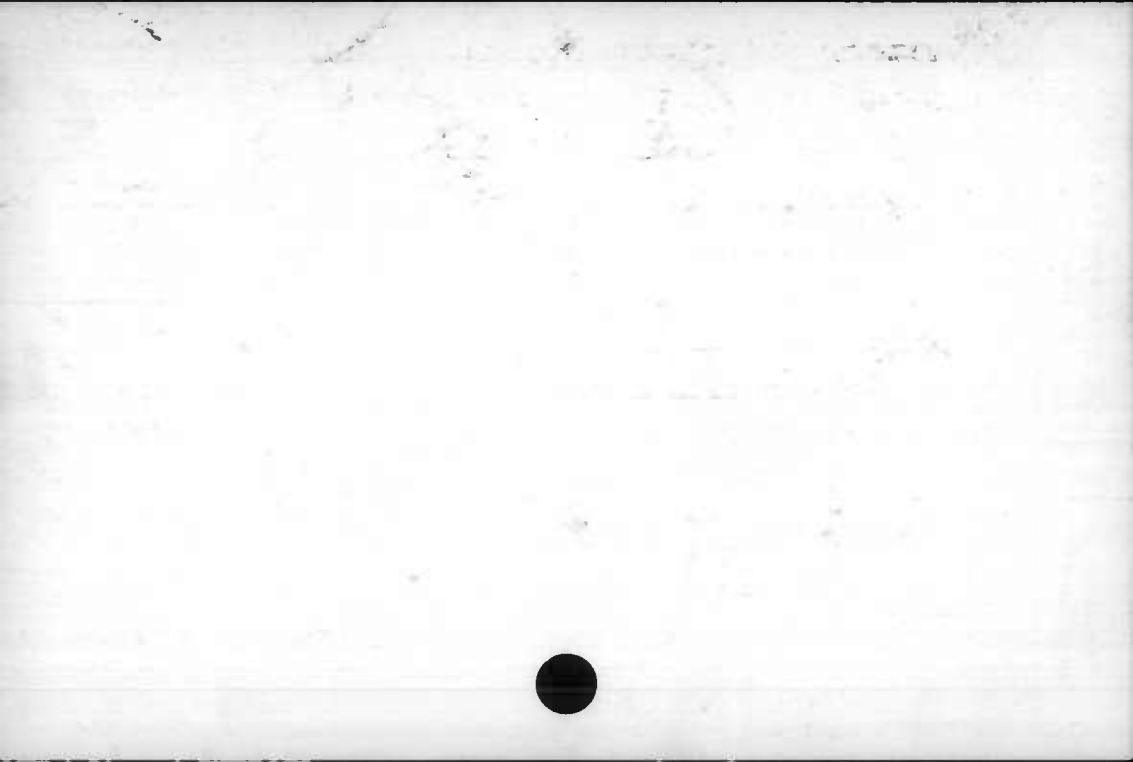
Address

Md. Hosp. for Insane
Catonsville Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



John J. Cowan.
Bonnie Brae.

Name
in
Full

CERTIFICATE OF DEATH

Michael Murray

MARYLAND

Died at ^{Town} Mt Hope ^{County} Retrius Balto

Date of death 1909 ^{Month} Mch ^{Day} 10 Age ^{Years} 51 ^{Months} unknown ^{Days} unknown

Sex ^{Male} Color or Race ^{White} New Jersey Birthplace ^{New Jersey}

Occupation ^{Laborer} Where Residing if not at place of death ^{Glyndon Md.}

Married, Single or Widowed ^{Single} Name of Wife or Husband ^[Signature]

Father's Name ^{Not Known} Father's Birthplace ^{Not Known}

Mother's Maiden Name ^{" "} Mother's Birthplace ^{" "}

Name of person giving Information ^{Recd. Mt Hope} How related to deceased ^{Not at all}

CAUSES OF DEATH

68

Primary ^{Mania Chronic} How long ^{over 18 yrs -}

Immediate ^{Exhaustion} How long ^{abt 10 days}

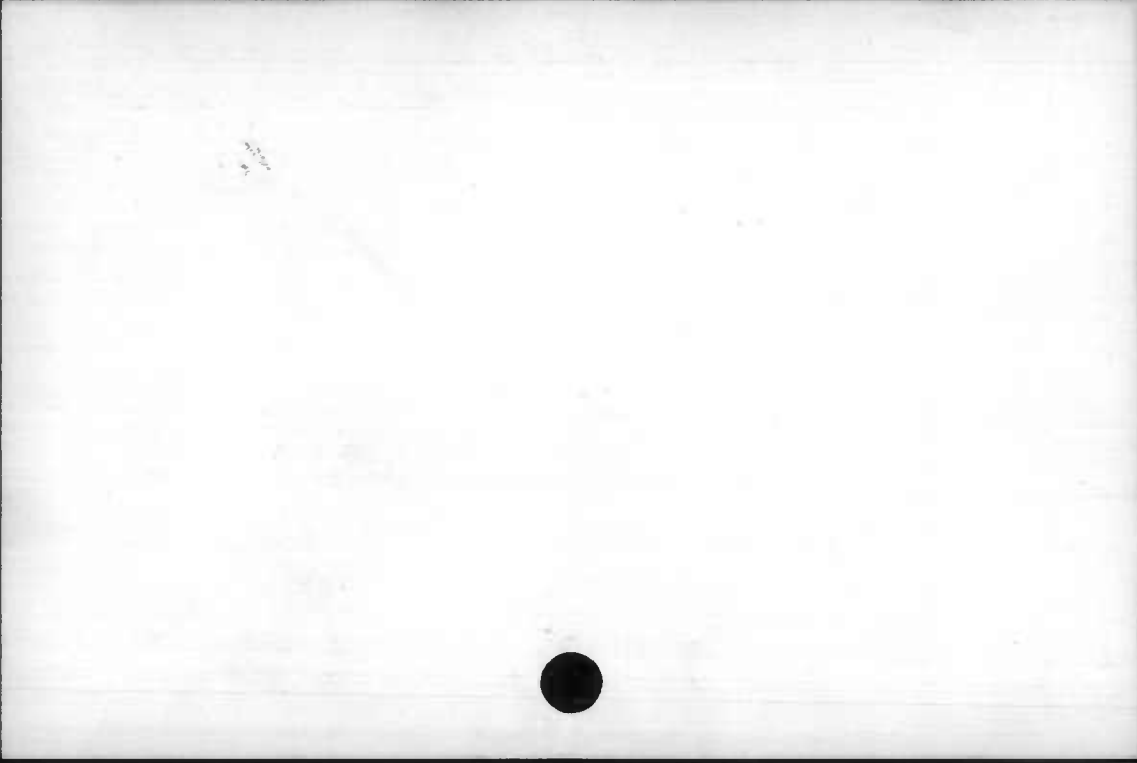
Are the name, age, sex, color, date and place correctly given above? ^{Yes}

Signature of Physician ^{Frank J. Flannery}
Address ^{Mt Hope Retrius Baltimore Md.}

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

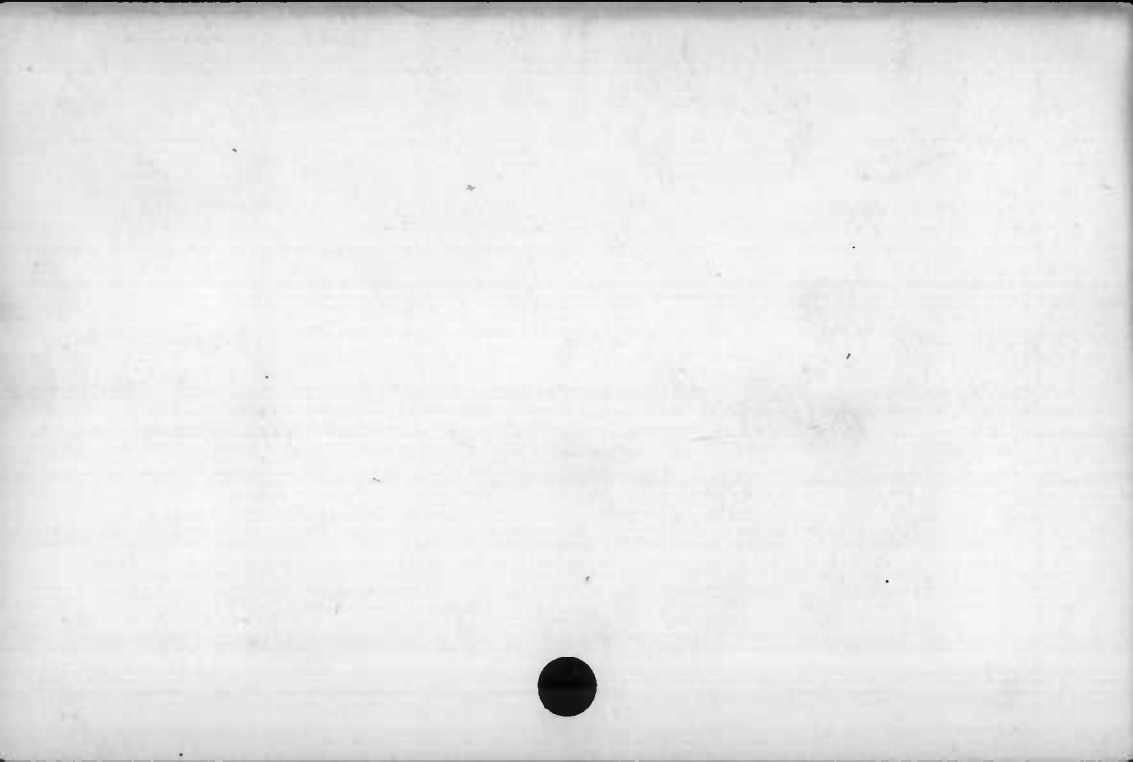
Name in Full <i>George N. Oldham</i>		Town <i>Colonsville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		1909 3 3		62			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Louise Grace Byrd</i>					
Father's Name <i>Montcalm Oldham</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Maria Ann Oldham</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Leroy Oldham</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary	<i>Pistol Shot - Wound of head</i>	How long	<i>Several hours</i>
Immediate	<i>Shock & Lacerations</i>	How long	<i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>Frederick L. Parker</i>	
		Address <i>706 Frederick Ave. Coroner</i>	
Accident or Suicide?		<i>Qu. Was not seen</i>	



Name
in
Full

Edith Ann Crenn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Reckford		County Baltimore		MARYLAND	
Date of death	1909	Month March	Day 2	Age	Years 1	Months 1	Days 1
Sex	Female		Color or Race	white		Birth- place	Reckford
Occupation	L			Where Residing if not at place of death L			
Married, Single or Widowed	L		Name of Wife or Husband L				
Father's Name	George Crenn				Father's Birthplace	Franklinville	
Mother's Maiden Name	Anney Pearce				Mother's Birthplace	York	
Name of person giving In formation	Geo. Crenn				How related to deceased	Father	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	BRAIN disease	How long	Since Birth
Immediate	Convulsions	How long	one week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John A. Deen		
	Address Bittings Ind. 11		
Accident or Suicide?	2		

Q

Q
D
11/11

Name
in
Full

Viola Parrish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pikeysville		County Balto.		MARYLAND	
Date of death 1909		Month 3	Day 17	Age —		Months 6	Days 10
Sex Female		Color or Race White		Birth- place Pikeysville			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed				Name of Wife or Husband —			
Father's Name Nelson C. Parrish				Father's Birthplace Pikeysville			
Mother's Maiden Name Mamie E. Lowe				Mother's Birthplace Arlington Va.			
Name of person giving Information Nelson C. Parrish				How related to deceased Father			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	—
Immediate	Convulsion	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. C. Smith	
—		Address Woodlawn, D.C.	
Accident or Suicide			

Lorrain
Jos B Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i> ^{Month} <i>March</i> ^{Day} <i>2nd</i> ^{Years} <i>53</i>	Age <i>53</i>	^{Months} <i>3</i>	^{Days} <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>New Haven Conn.</i>	
Occupation <i>Motorman</i>	Where Residing if not at place of death <i>3319 Eastern ave</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Scott</i>		
Father's Name <i>William E. Pedrick</i>	Father's Birthplace <i>N.Y.</i>		
Mother's Maiden Name <i>Adaline Thompson</i>	Mother's Birthplace <i>Conn.</i>		
Name of person giving Information <i>Mary E. Pedrick</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary <i>Cr. Int. Nephritis</i>	<i>120</i> How long <i>7 Yr</i>
Immediate <i>Uremia</i>	How long <i>24 hrs</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. E. Caruthers

Address

2229 W. Baile St.

Accident or Suicide

*No*PHYSICIAN
OR CORONER

Lilly and Zeiler -

Oak Grove Cemetery -

March 5/1909

Name
in
Full

Emileine Matilda Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lochayville* ^{Town}*Baltimore* ^{County}Date
of death *1904*Month
*Mar*Day
27

Age

Years
*70*Months
*4*Days
*20*Sex
*Female*Color or
Race*white*Birth-
place*Buller Md*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
☒ Widowed*widow*Name of Wife or
Husband*Simon Perry*Father's
Name*Joseph Stroud*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
In formation*Emileine Howard*How related
to deceased*Daughter*

CAUSES OF DEATH

10

Primary

La-grippe

How long

7 days

Immediate

Bronchial Pneumonia

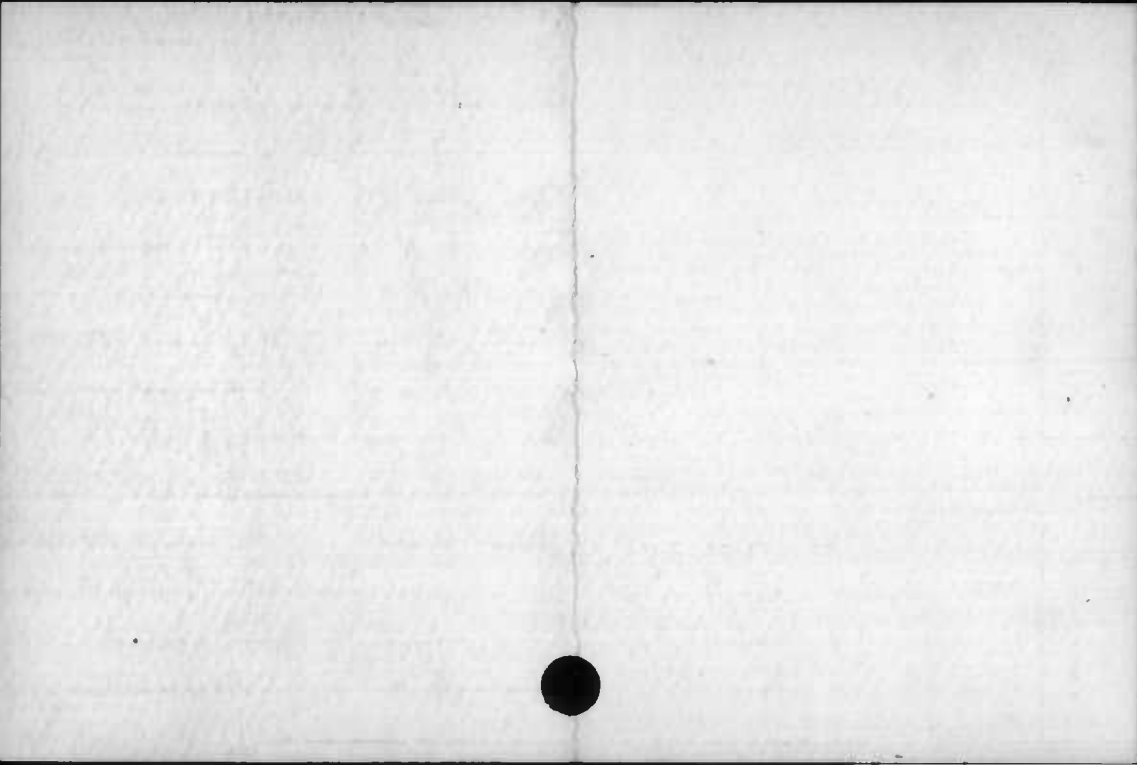
How long

*9 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. J. B. Hanson*

Address

Lochayville Md

Accident or Suicide?



Name
in
Full

Felix Petallat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Baltimore		MARYLAND	
Date of death	1909	Month March	Day 2	Age 65	Years	Months X	Days X
Sex	Male		Color or Race	White		Birth- place	France
Occupation	Cabinet-maker			Where Residing if not at place of death Md Hosp for Insane Catonsville			
Married, Single or Widowed	Married		Name of Wife or Husband Unknown				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving In formation	Hospital Records					How related to deceased	Unknown

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency	How long	1 year
Immediate	Cardiac Dilatation	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		R. Edw. Garrett	
Address		Md. Hospital for Insane Catonsville Md.	
Accident or Suicide?		No.	

Sacred Heart Con

H. Sander Lons

Name in Full **Madeleine Ofelser**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

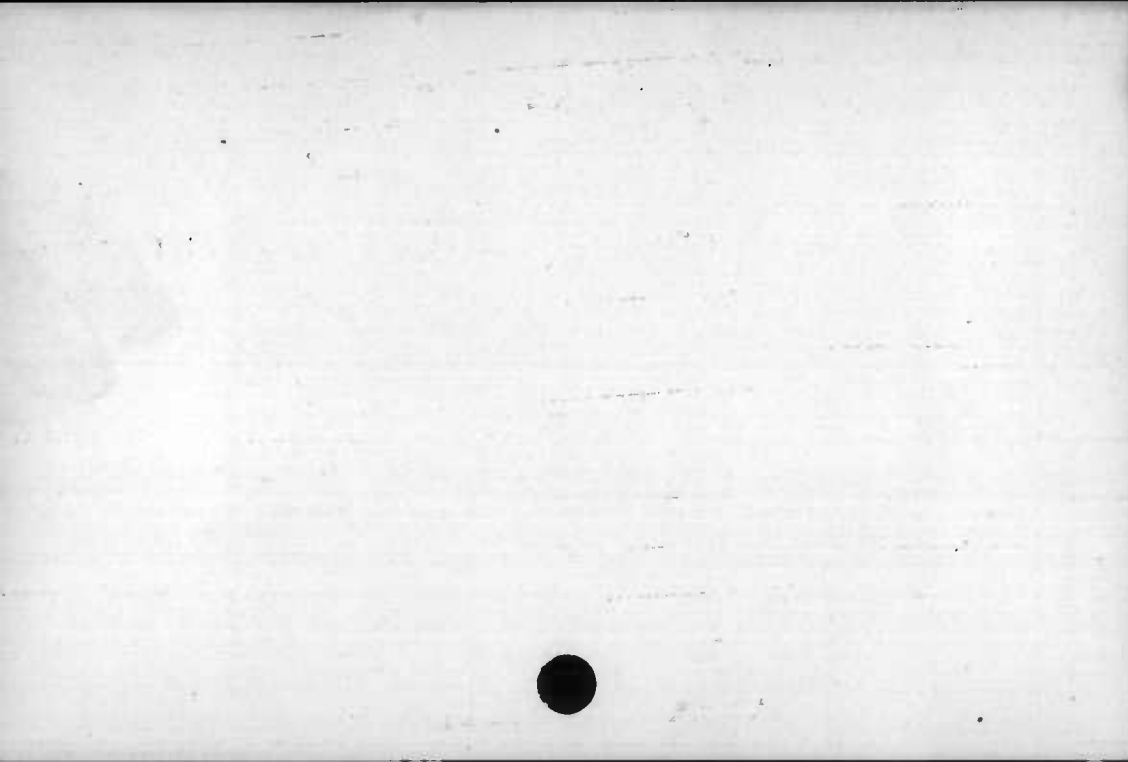
Died at Mt Hope Retreat <small>Town</small>		Baltimore <small>County</small>		MARYLAND	
Date of death 1909	Month March	Day 11	Years 58	Months not known	Days not known
Sex Female		Color or Race White		Birth-place Phila Pa	
Occupation Religious Sr of Charity		Where Residing if not at place of death Mt Hope Retreat			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name not known		Father's Birthplace not known			
Mother's Maiden Name " "		Mother's Birthplace " "			
Name of person giving information Decd's Mt Hope		How related to deceased not at all			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cardiac Paralysis	How long Suddenly
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank J Flannery
	Address Mt Hope Retreat Mt Hope Md
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Die at <i>MT Washington</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Mar</i>	Day <i>4</i>	Age <i>still born</i> Months Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>MT Washington</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>none</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>none</i>		
Father's Name <i>Chas E. Phelps</i>	Father's Birthplace <i>Balt. Md</i>		
Mother's Maiden Name <i>Maud G. Thelin</i>	Mother's Birthplace <i>Balt. Md</i>		
Name of person giving information <i>Mrs R. Foster</i>	How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>8</i>
Immediate <i>premature birth</i>	How long <i>abt. 4 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>MT Washington Md</i>
Accident or Suicide?	



Name
in
Full

James D. Powell

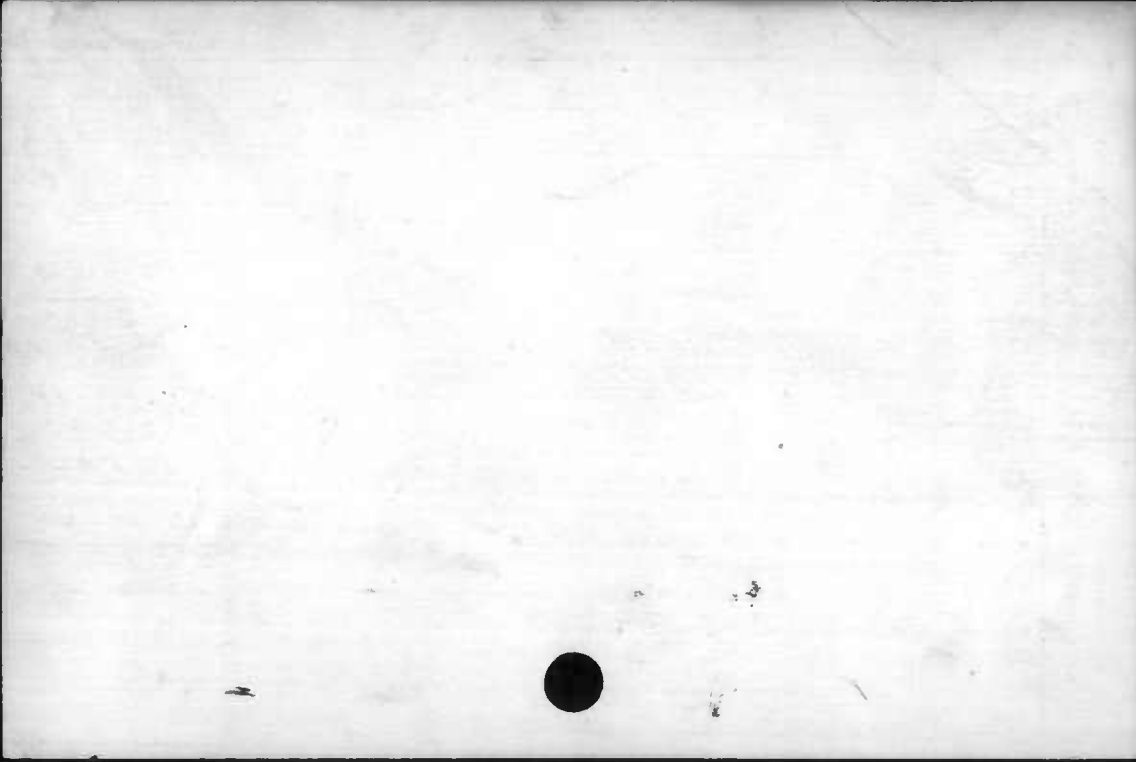
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sweet Air Ind.		County Baltimore		MARYLAND	
Date of death		Month March	Day 7	Age 59	Months 2	Days 16	
Sex Male		Color or Race White		Birth- place Near Sweet Air			
Occupation Farmer				Where Residing if not at place of death X			
Married, Single or Widowed Married		Name of Wife or Husband Martha S. Powell					
Father's Name Benj. Rush Powell		Father's Birthplace Del. Co., Pa.					
Mother's Maiden Name Mary Amos		Mother's Birthplace Harford Co., Md.					
Name of person giving Information Martha S. Powell		How related to deceased Wife					

PHYSICIAN
OR CORONER

Primary		CAUSES OF DEATH		165	
Due to a fall		Paralysis Agitans		How long 15 years	
Immediate		Dislocation of Hip		How long 1 month	
Are the name, age, sex, color, data and place correctly given above?		yes		Signature of Physician Thos. H. Emory Jr. D.	
				Address Monkton, Md.	
Accident or Suicide		no		10	



Name
in
Full

Samuel Pullam
Town *Colgate Creek* County *Balto*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Date of death		Age		Months		Days	
<i>Colgate Creek</i>		<i>1909 Mar 13</i>		<i>13</i>		<i>7</i>		<i>13</i>	
Sex		Color or Race		Birth-place					
<i>Boy</i>		<i>Colored</i>		<i>Balto</i>					
Occupation				Where Residing if not at place of death					
				<i>Same</i>					
Married, Single or Widowed		Name of Wife or Husband							
<i>Single</i>									
Father's Name				Father's Birthplace					
<i>Samuel Pullam</i>				<i>Va</i>					
Mother's Maiden Name				Mother's Birthplace					
<i>Annie N. Pitt</i>				<i>Md</i>					
Name of person giving information				How related to deceased					
<i>Annie N. Pullam</i>				<i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Myocardial Infarction</i>	How long	<i>6</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>W. S. Sullivan</i>	
		Address	
		<i>33 N. E. Balt St</i>	
Accident or Suicide?			
<i>Accident</i>			

Wm. G. Jackson

Asbury Cemetery

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i> Town		<i>Pact</i> County			
Date of death <i>1909</i>	Month <i>Mar</i>	Day <i>28</i>	Age <i>21</i> Years	Months <i>5</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>U.S. Navy</i>	Where Residing if not at place of death <i>no</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>George Quick (Deceased)</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Emma Dauce</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Jacob Quick</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

155

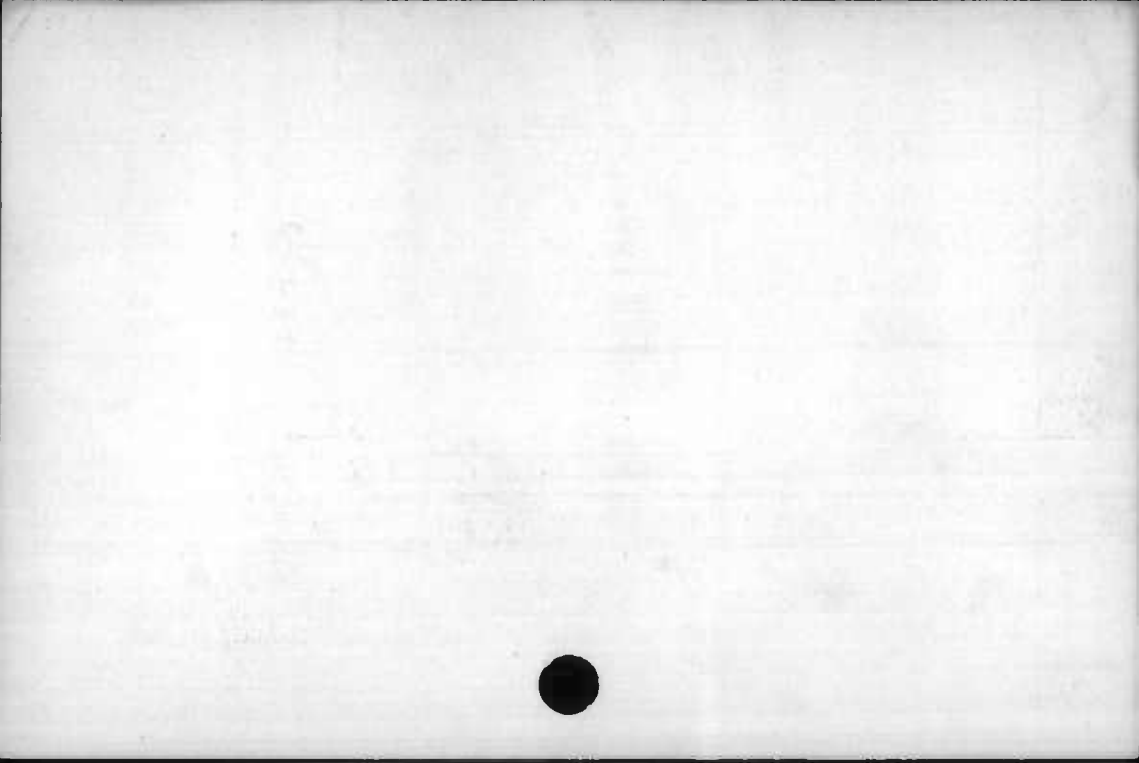
PHYSICIAN
OR CORONER

Primary <i>Barbolic Acid</i>	How long
Immediate <i>Suicide</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Carse M.D.</i>
	Address <i>Gardenville Md</i>
Accident or Suicide? <i>Suicide</i>	<i>Letterman Schom Coroner 14</i>

Jerusalem
Cemetery

Lauren H. Sans

Name in Full George Quick Sr.		Town Gardenville		County Baile		CERTIFICATE OF DEATH	
Died at Gardenville		Date of death 1909		Month mar		Day 15	
Age 52		Years 52		Months		Days	
Sex male		Color or Race white		Birth-place Baile Co		MARYLAND	
Occupation Farmer		Where Residing if not at place of death Gardenville					
Married, Single or Widowed married		Name of Wife or Husband Emma Quick					
Father's Name Peter Quick		Father's Birthplace Germany					
Mother's Maiden Name Barbara Kriferb		Mother's Birthplace "					
Name of person giving information Emma Quick		How related to deceased wife					
		CAUSES OF DEATH		153			
Primary Cerebral acid		How long 2 hours					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm. D. Corse M.D.					
		Address Gardenville					
Accident or Suicide? Suicide		Signature of Mortuary John H. Schone					



Name
in
Full

Catherini Raab

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Randallstown

Baltimore

Date

Month

Day

Years

Months

Days

of death 1909 March 18 Age 80 near about not exactly known

Sex

Female

Color or
Race

white

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Randallstown

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Conrad Raab

Father's
Name

Not Known

Father's
Birthplace

Germany

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Germany

Name of person giving
In formation

Katie Raab

How related
to deceased

Sister

CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

4 days

Immediate

Mitral Insufficiency

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm. J. Buppert

Address

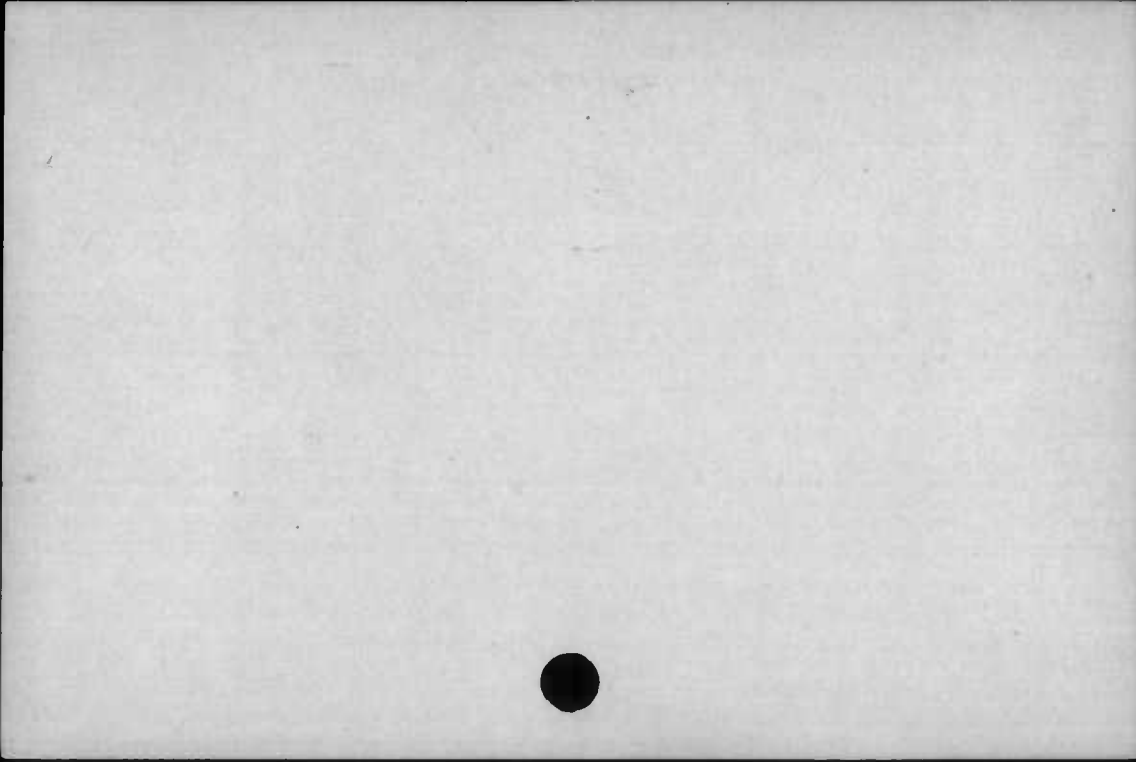
Boslyn

1325 W. 24th

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marion Lee Raveling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

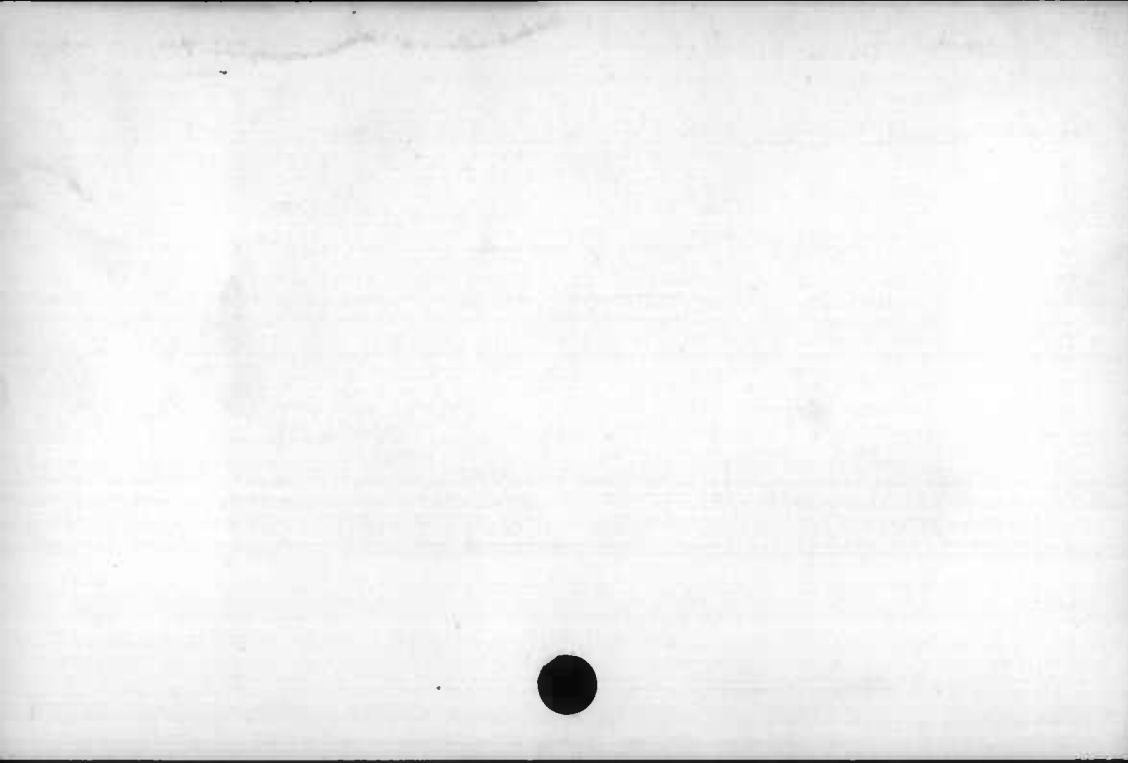
Died at <u>Catonsville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	1909	Month	March	Day	23
Age	15	Years		Months	—
Sex	female	Color or Race	Colored	Birthplace	Ellicott City
Occupation	School girl	Where Residing if not at place of death	Catonsville Md		
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	Horace Raveling	Father's Birthplace	Ellicott City Md		
Mother's Maiden Name	Ella Palmer	Mother's Birthplace	Va		
Name of person giving information	Ella Raveling	How related to deceased	Mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

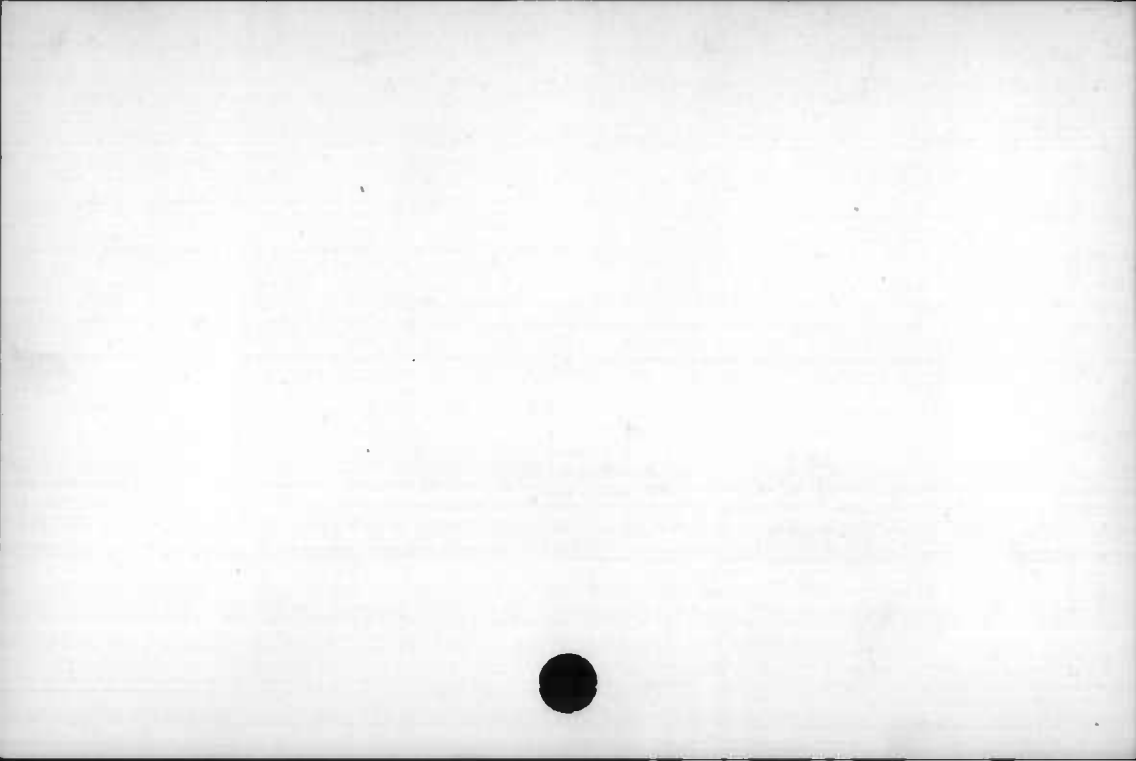
Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Asthma	How long	3 mos
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B. West
		Address	Catonsville, Md.
Accident or Suicide?			



Name in Full John N. Reed		CERTIFICATE OF DEATH	
Died at Catoxville <small>Town</small>		Baltimore <small>County</small>	
Date of death 1909 <small>Month</small> March <small>Day</small> 4		Age 63 <small>Years</small> 4 <small>Months</small> 23 <small>Days</small>	
Sex Male		Color or Race White	
Occupation Laborer		Birth-place Unknown	
Married, Single or Widowed Single		Where Residing if not at place of death	
Father's Name Mr. C. Reed		Father's Birthplace Und.	
Mother's Maiden Name Elizabeth A. Hutton		Mother's Birthplace Und.	
Name of person giving information Mr. H. C. Luthersheim		How related to deceased Wife	
CAUSES OF DEATH 157			
Primary Strangulation from hanging		How long Immediate	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Fredk. L. Pakendorf	
		Address Coroner	
Accident or Suicide?		Catoxville Md	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Regina Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mt. Washington</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death	^{Month} <i>March</i> ^{Day} <i>8th</i> ^{Year} <i>1909</i>	Age	^{Months} <i>10</i> ^{Days} <i>don't know</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>none</i>	Birthplace	<i>Baltimore city.</i>
		Where Passing if not at place of death	<i>1016 Asquith St. Baltimore city.</i>
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>none</i>
Father's Name	<i>John A. Reed</i>	Father's Birthplace	<i>Baltimore city.</i>
Mother's Maiden Name	<i>Mary M. Ernst</i>	Mother's Birthplace	<i>Baltimore City</i>
Name of person giving information	<i>Henry Hock</i>	How related to deceased	<i>no relation</i>

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Pistol Shot wound</i>	How long	<i>Sudden</i>
Immediate	<i>Cerebral hemorrhage</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician or Coroner	<i>H. Holliday Emrich</i>
		Address	<i>Burlington, Md.</i>
Accident or Suicide	<i>Murder</i>		

Henry Hock & Son

Holy Redeemer Cemetery

Name
in
Full

Munawar Inq Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *white marsh* ^{Town} *Cal* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Mar* ^{Day} *28* ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *wh* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John W Richardson* Father's Birthplace *md*

Mother's Maiden Name *Eliza Vincent* Mother's Birthplace *md*

Name of person giving Information *John W Richardson* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

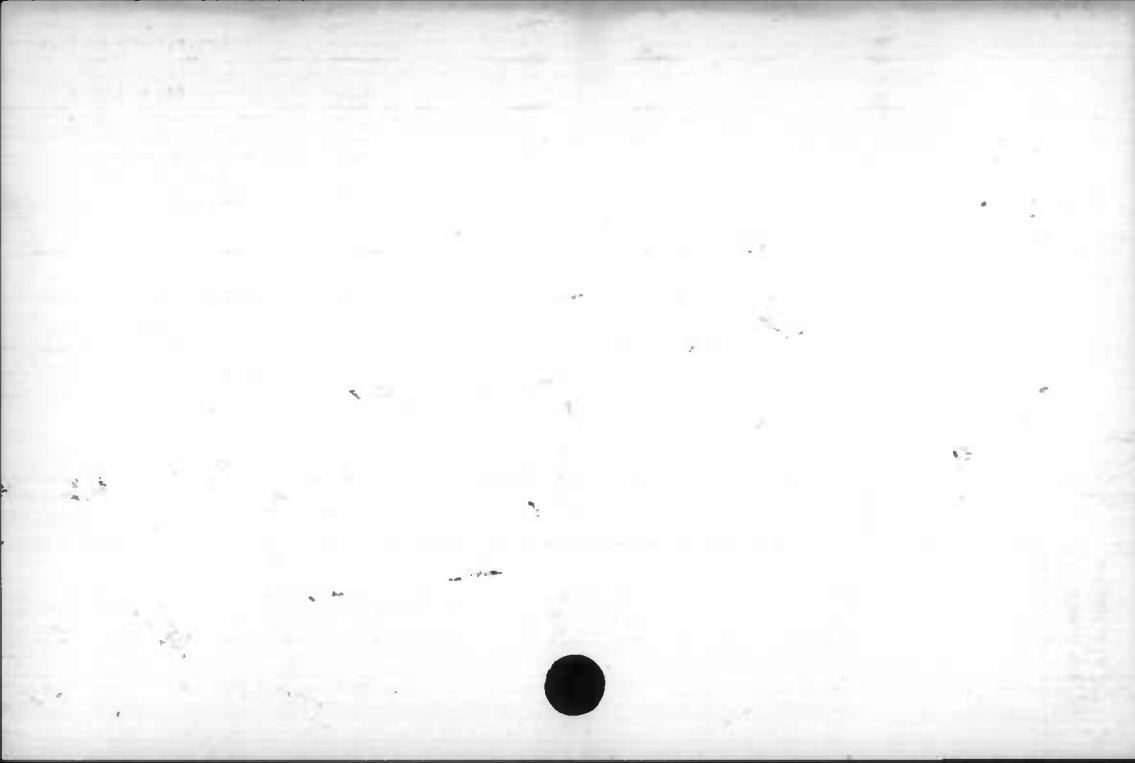
Primary *Pneumonia* *Brach* ^{How long} *8*

Immediate *—* ^{How long} *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John W Hammond*

md Address *md*

Accident or Suicide *no*



Name
in
Full

Mammy Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

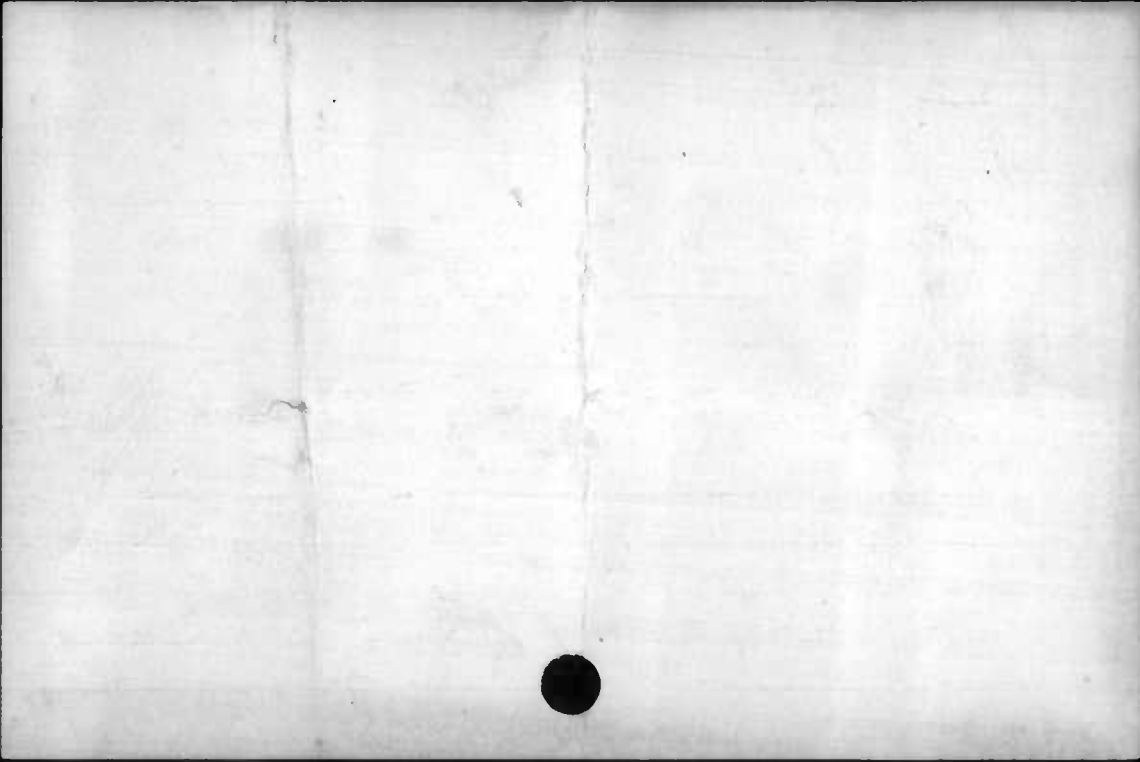
Died at		Town Lebanon Valley		County Baltimore		MARYLAND	
Date of death	1909	Month March	Day 12	Age	Years 25	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Baltimore County
Occupation	House wife			Where Residing if not at place of death		at place of death	
Married, Single or Widowed	Married		Name of Wife or Husband	Robert Robinson			
Father's Name	Not Known					Father's Birthplace	Not Known
Mother's Maiden Name	Not Known					Mother's Birthplace	Not Known
Name of person giving In formation	Robert Robinson					How related to deceased	Husband

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary	Arsenical Poisoning		How long	About 24 hours
Immediate	Acute gastro-enteritis (Prostration)		How long	About 18 hours -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John S. Meen	
		Address	Fittings	
			Md. 10	
Accident or Suicide?				



Name
in
Full

Rachel Virginia Royston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

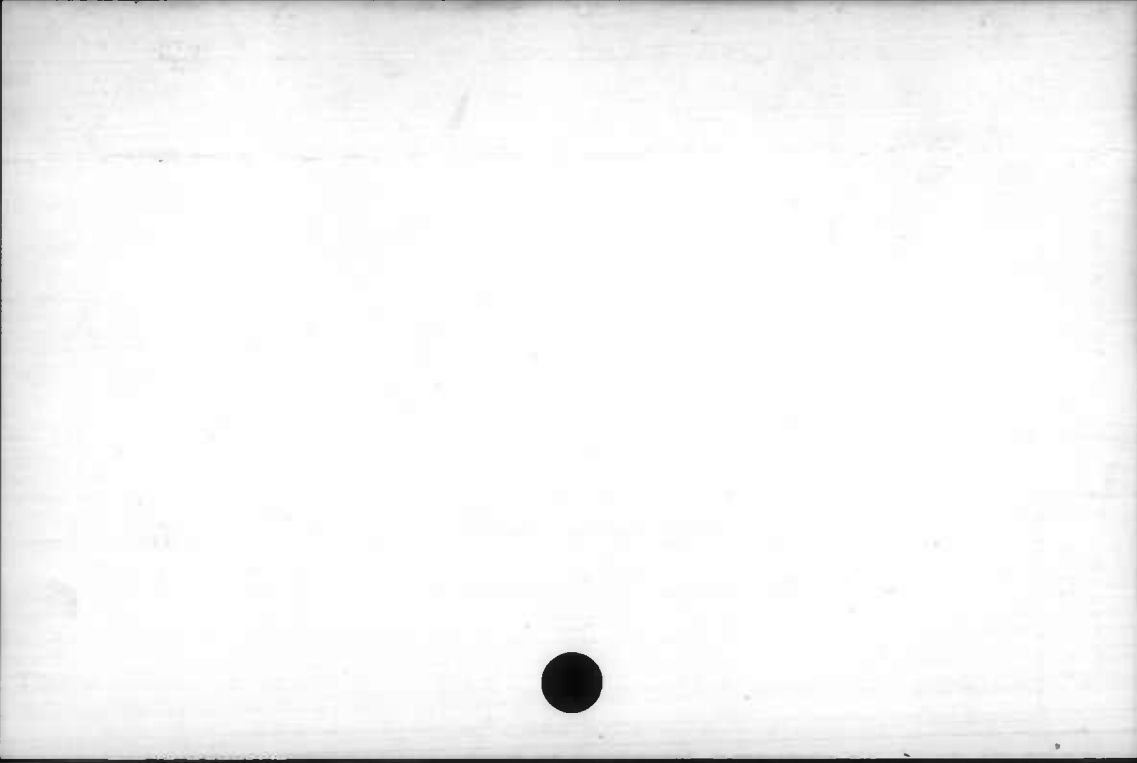
Died at <i>Bentley</i>		County <i>Balt Co</i>		MARYLAND	
Date of death	Month <i>3</i>	Day <i>23</i>	Age <i>48</i>	Months <i>3</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edwin Royston</i>				
Father's Name <i>Caleb Larve</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Sophia Hoffman</i>	Mother's Birthplace <i>11</i>				
Name of person giving Information <i>Edwin Royston</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary <i>Bronchial Asthma</i>	How long <i>about 8 years</i>
Immediate <i>Cardiac Dropsey</i>	How long <i>7 months</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. B. Bennis</i>
	Address <i>Parkton Md</i>
Accident or Suicide <input checked="" type="checkbox"/>	



Name
in
Full

Lucinda Later

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

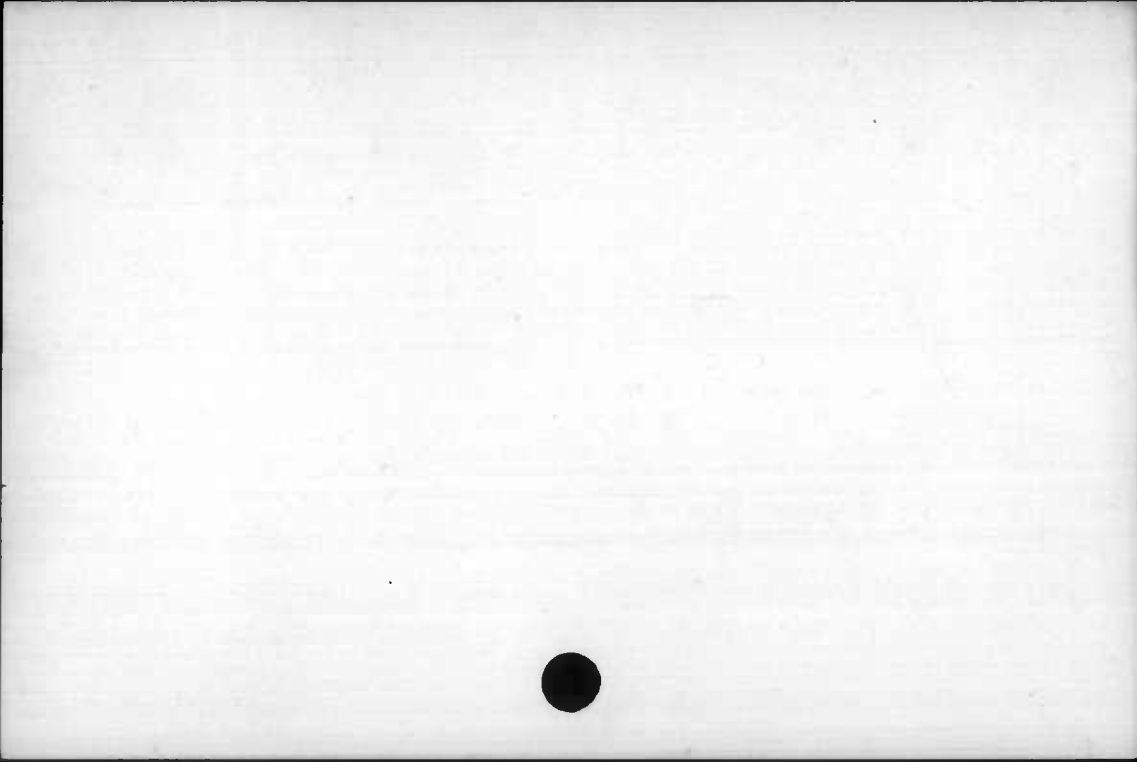
Died at <i>Catonsville</i>		County <i>Balto.</i>		MARYLAND	
Date of death	190 <i>7</i> <i>Dec.</i>	Month	Day	Age	Years
			<i>24</i>	<i>55</i>	
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>Catonsville, Md</i>			
Married, Single or Widowed	Name of Wife or Husband <i>Unknown</i>				
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Hospital Records</i>			How related to deceased	<i>x</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Insufficiency</i>	How long	<i>1 year</i>
Immediate	<i>Pulmonary Congestion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>R. Eow. Garrett</i>	
		Address <i>old Hospital for insane Catonsville Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Charles M. Schlaffer

CERTIFICATE OF DEATH

MARYLAND

Died at

Highlandtown Balto.

Date

of death 1909 March 2nd Age 16

Months

7

Days

Sex

Male

Color or
Race

White

Birth-
place

Balto. Co.

Occupation

None

Where Residing if not
at place of death

3224 Eastern ave

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George Schlaffer

Father's
Birthplace

Balto. Md.

Mother's
Maiden Name

Minnie Hornberg

Mother's
Birthplace

Balto. Md.

Name of person giving
Information

George Schlaffer

How related
to deceased

Father

Injured in gymnastics
at Calvert Hall.

CAUSES OF DEATH

166

Primary

Injury to bowels by fall.

How long

14 days.

Immediate

Septic poisoning

How long

4 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. C. Schreffel
148 First St.

Accident or Suicide

Accident, due to fall.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Silly and Zeiler —

Oak Lawn Cemetery ●

March 5th / 1909,

Name
in
Full

Catherine T Schroeffer

CERTIFICATE OF DEATH

Died at

Viola^{Town}villeBald^{County} Co

MARYLAND

Date

of death 1909 March

Month

Day

16

Age

Years

47

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

England

Occupation

Housewife

Where Residing if not
at place of deathViola^{Town}villeMarried, Single
or Widowed

Married

Name of Wife or
husband

John H Schroeffer

Father's
Name

Patrick Brannon

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mary Garrigan

Mother's
Birthplace

Ireland

Name of person giving
In formation

John H Schroeffer

How related
to deceased

Husband

CAUSES OF DEATH

120

Primary

Intestinal Nephritis

How long

Not Known

Immediate

Nervous

How long

3 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Howard W Jones
Irvington

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

New Cathedral Comm
for B Book —

Name
In
Full

George Seembert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

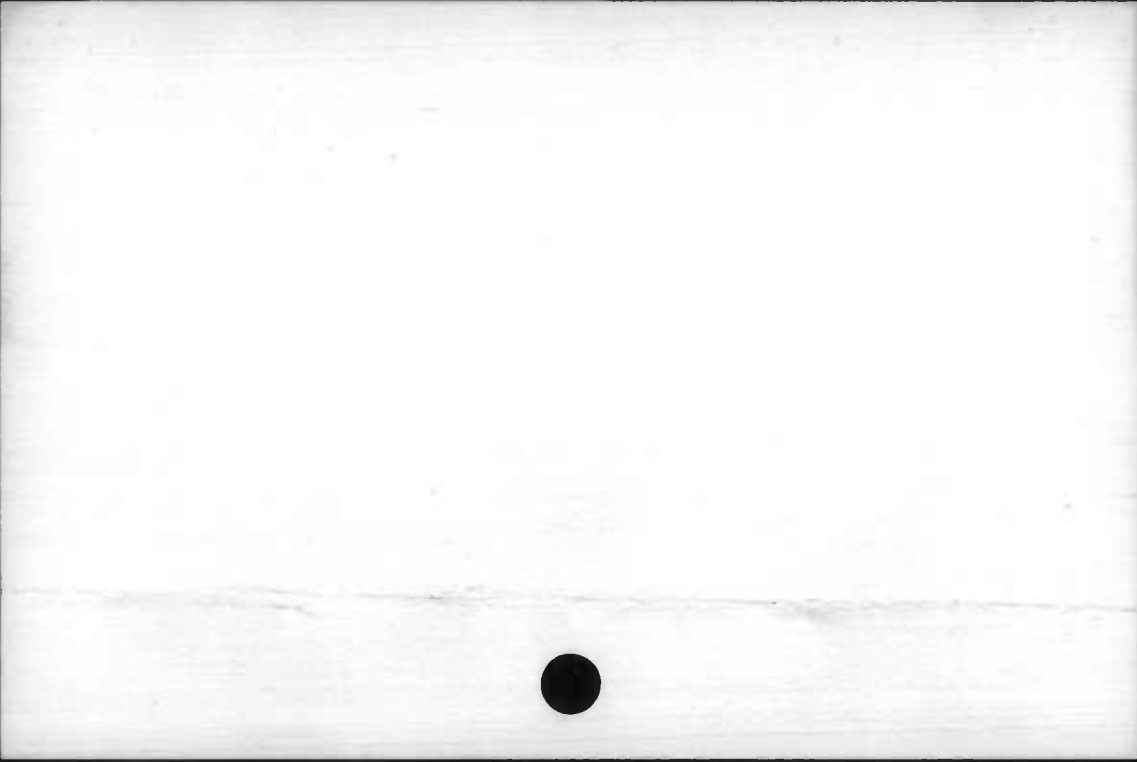
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		March	23	Age	63		
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Farmer			Where Residing if not at place of death	Prossville		
Married, Single or Widowed	Married		Name of Wife or Husband	Louisa Seembert			
Father's Name	Unknown			Father's Birthplace	Germany		
Mother's Maiden Name	Unknown			Mother's Birthplace	Germany		
Name of person giving Information	Rosa Seembert			How related to deceased	Daughter		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease		How long	6 months
Immediate			How long	
Are the name, age, sex, color, data and place correctly given above?		Yes	Signature of Physician	C. V. Wallace
			Address	Prossville, Md.
Accident or Suicide				



Name
in
Full

Louise A. T. Simpson

1909

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	190	Month	<i>Mar</i>	Day	<i>3</i>
Age	<i>11</i>	Years	<i>11</i>	Months	<i>11</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Fred City Md.</i>
Occupation	<i>Schoolgirl</i>		Where Residing if not at place of death <i>Mt. Airy Md.</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>John H. Simpson</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Louise Trahy</i>			Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>John H. Simpson</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	<i>Obstruction of Bowel & gent peritonitis.</i>	How long	<i>15 days</i>
Immediate	<i>Obstruction of Bowel & gent peritonitis following operation for appendicitis.</i>	How long	<i>15 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S. L. Taylor, Intern</i>
		Address	<i>St Agnes Hospital</i>
Accident or Suicide			



Name
in
Full

Mrs. Sarah Slade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Corbett ^{Town} Balto. ^{County} MARYLAND

Date of death 1909 ^{Month} 3 ^{Day} 22 ^{Age} 87 ^{Years} 17 ^{Months} 17 ^{Days}

Sex Female Color or Race white Birth-place Baltimore

Occupation Housewife Where Residing if not at place of death _____

~~Married, Single~~ ~~or Widowed~~ Name of Wife or Husband John B Slade

Father's Name William Peace Father's Birthplace Baltimore

Mother's Maiden Name Elvora Johnson Mother's Birthplace Baltimore

Name of person giving information Thos. Slade How related to deceased Son

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary Hypostatic Pneumonia How long 3 da

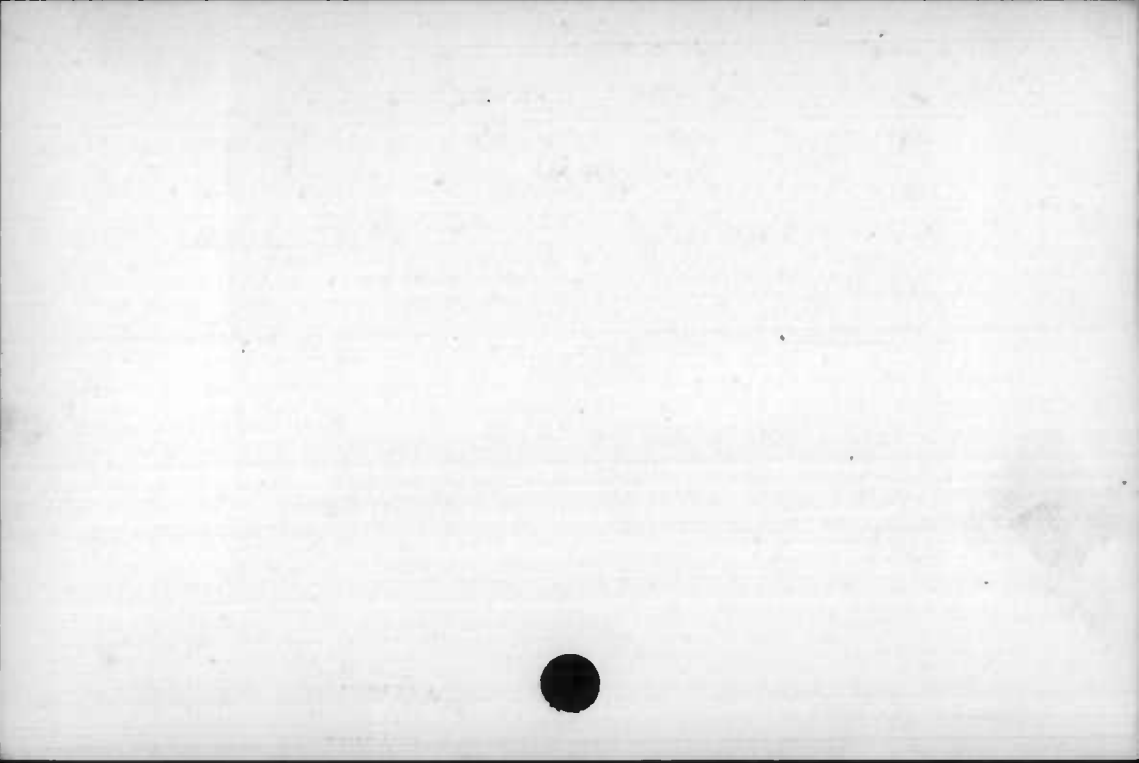
Immediate Exhaustion How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician T. Ross Payne

Address Corbett Md

Accident or Suicide? no



Name
in
Full

Briggitt Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Hope Rebirth ^{County} Baltimore ^{MARYLAND}

Date of death 190 ^{Month} 9 ^{Day} Mch ^{Age} 18 ^{Years} 88 ^{Months} Not Known ^{Days} Not Known

Sex Female Color or Race White Birth place Inland

Occupation Sister of Charity Where Residing if not at place of death Mt Hope

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Not Known Father's Birthplace Inland

Mother's Maiden Name " " Mother's Birthplace "

Name of person giving Information Recd. Mt Hope How related to deceased Not at all

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary Senility How long 5 or 6 years.

Immediate Ex Pul. Congestion How long 48 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Frank J. Flannery

Address Mt Hope Rebirth

Accident or Suicide _____



Name
in
Full

Howard F. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

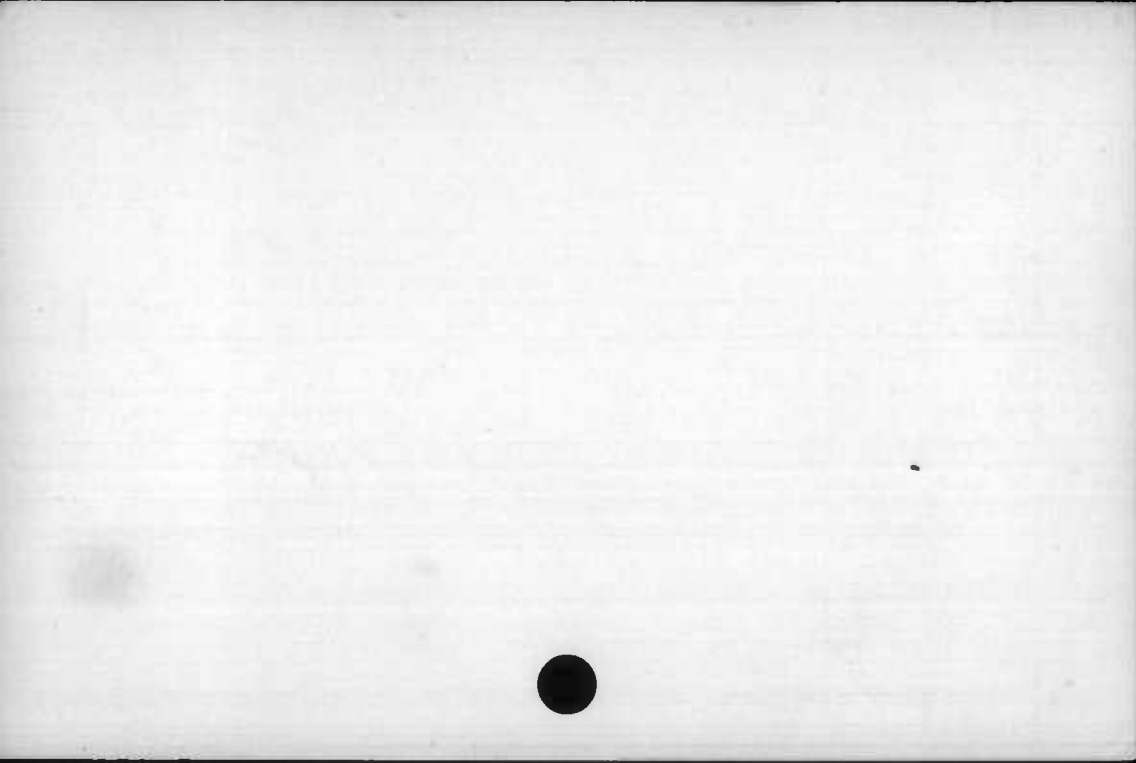
Died at <u>Fork</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 190	9	Month	Mar	Day	23
Age		35		Years	
Sex		male		Color or Race	white
Married, Single or Widowed		married		Occupation	merchant
Name of Wife or Husband		Mrs. Fannie Smith			
Father's Name		Frederick Smith		Father's Birthplace	Frederick Co.
Mother's Maiden Name		Louisa Smith		Mother's Birthplace	Balto. Co.
Name of person giving information		Mrs. Fannie Smith		How related to deceased	Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	2 years -
Immediate	uremic poison	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. F. Gersmehl	
Address		Fork Md - 11	
Accident or Suicide?			



Name
in
Full

Margaret Stange

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Highland* ^{County} *Baltimore* **MARYLAND**

Date of death *1909* ^{Month} *March* ^{Day} *30* ^{Years} *76* ^{Months} *11* ^{Days} *29*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *Paul Stange*

Father's Name *Not Known* Father's Birthplace *Not Known*

Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*

Name of person giving information *Paul Stange* How related to deceased *Grandson*

CAUSES OF DEATH

Primary *Senile Debility* 10 How long *several years.*

Immediate *La Grippe* How long *five days.*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Frederick W. McDonald, M.D.
2221 B. Balt. Str.

Accident or Suicide?

Trinity Cemetery
April 1. 1909
Kandaw Sons.

Name
in
Full

Ruth E. Stapleford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1904</u>	<u>March</u> ^{Month}	<u>14</u> ^{Day}	Age <u>—</u> ^{Years}	<u>8</u> ^{Months}	<u>14</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth place <u>Wilmington Del.</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Highlandtown Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>James Stapleford</u>	Father's Birthplace <u>Baltimore Md</u>				
Mother's Maiden Name <u>Rebecca Anderson</u>	Mother's Birthplace <u>Pa.</u>				
Name of person giving information <u>James Stapleford</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>8 days</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edwin B. Ferry M.D.</u>
	Address <u>1219 N. Caroline St.</u> <u>Baltimore City</u>
Accident or Suicide? <u>No</u>	

Mt Olivet Cemetery

March 16/9

Christian Miller
2334 Jefferson St

Name
in
Full

Caroline Tate

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orangeville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>20</i>	Age <i>58</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <i>Hiram Tate</i>				
Father's Name <i>James Lewis</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Caroline Lewis</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Hiram Tate</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mo</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Schfield</i>
	Address <i>148 First St</i>
Accident or Suicide? <i>—</i>	

Wm G Jackson

1421 Mullikin St

Laurel

Mar 22 nd 09

#3913 Orleans St-Extended

in Rear of Piper Saloon

Phil Road

Name
in
Full

Infant

Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

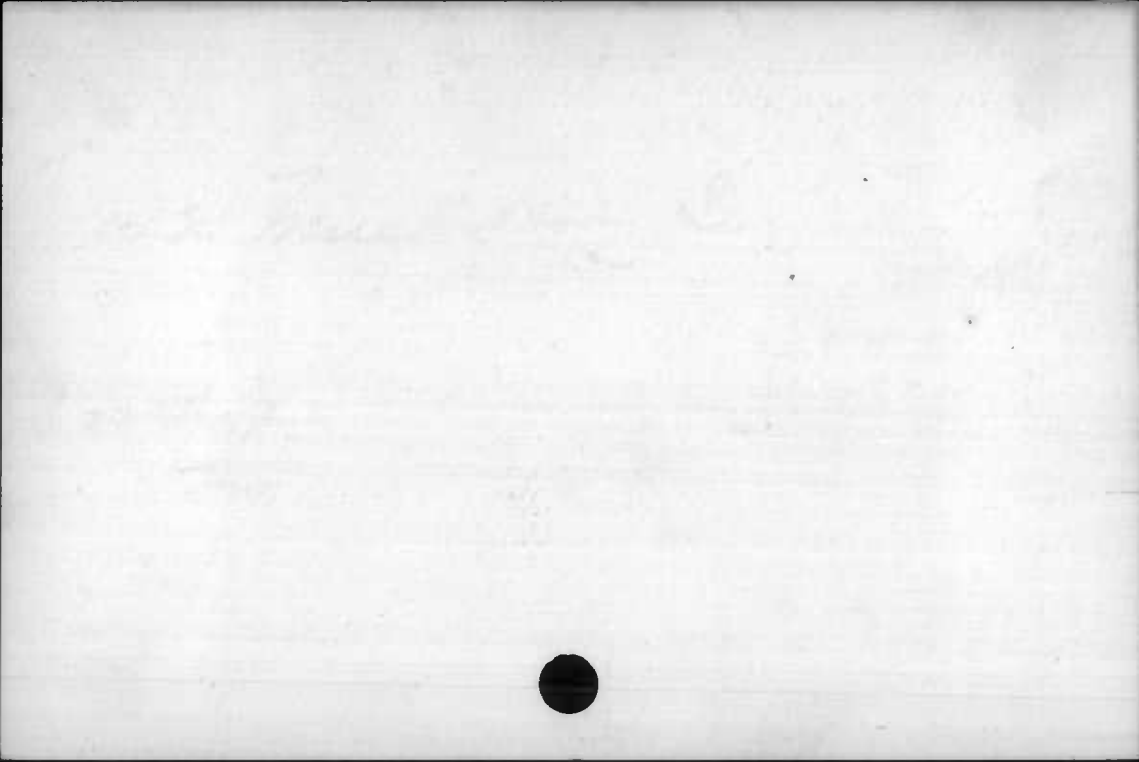
Died at		Luther ville Md		Balto County		MARYLAND	
Date of death	1909	Month	Mich	Day	29	Age	Years
						Months	Days
						15 Min	
Sex	Female		Color or Race	Colored		Birth-place	Luther ville
Occupation	None		Where Residing if not at place of death		Luther ville		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	George Taylor					Father's Birthplace	Md.
Mother's Maiden Name	Ladie Chanler					Mother's Birthplace	New York
Name of person giving information	George Taylor					How related to deceased	Father

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	Hereditary Syphilis - Prematurity -		How long (Lived 15 minutes after birth.)
Immediate	Apnoea -		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
			Address
			Cockeysville
			Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *New Creek* ^{County} *Balto* **MARYLAND**
 Date of death 190 ^{Month} *9 Mar* ^{Day} *30* ^{Age} *16* ^{Months} *0* ^{Days} *0*
 Sex *Male* Color or Race *Caucasian* Birth-place *Balto*
 Occupation *Laborer* Where Residing if not at place of death *Same*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Abel Thompson*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving Information *Mary Moore* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

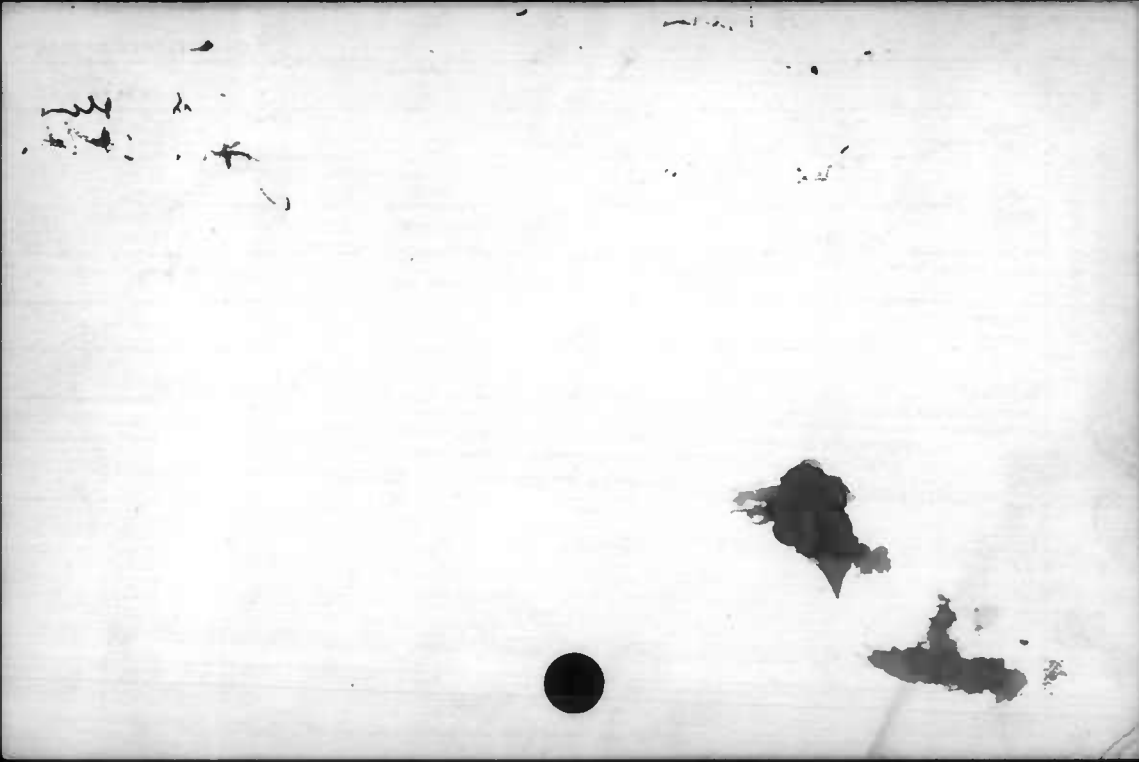
Signature of Physician

Address

W. D. Sudler, M.D., Coroner
314 E. Balto St

Accident or Suicide

Accident



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Q

Name in Full <i>Blanche Ed Tracy</i>		Born <i>Sept 10th</i>		CERTIFICATE OF DEATH <input checked="" type="checkbox"/>	
Town <i>Mt Carmel</i>		County <i>Balt</i>		MARYLAND	
Died at <i>Mt Carmel</i>		Age <i>3</i>		Months <i>6</i>	Days
Date of death <i>1909</i>		Month <i>Mar</i>		Day <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mt Carmel</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Thomas H Tracy</i>		Father's Birthplace <i>Mt Carmel</i>			
Mother's Maiden Name <i>Sadie Wisner</i>		Mother's Birthplace <i>Mt Carmel</i>			
Name of person giving information <i>J. H. ...</i>		How related to deceased			

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	<i>93</i>	How long <i>10 days</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. M. Rosh M.D.</i>	
		Address <i>Hampstead Md</i>	
Accident or Suicide?			



Name
in
Full

Henry Sylvester Travis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>304 Sixth St Highland</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>9</i>		Age <i>1</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		Months <i>9</i>	
Occupation <i>_____</i>		Where Residing if not at place of death <i>at place of death</i>		Years		Days	
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>		Father's Name <i>Alton R. Travis</i>		Father's Birthplace <i>Brooklyn Conn</i>	
Mother's Maiden Name <i>Virgie Stella Geist</i>		Mother's Birthplace <i>York Penn.</i>		Names of person giving Information <i>Virgie Stella Travis</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>4 to 6 hours</i>
Immediate <i>Exhaustion</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Triaxner</i>
<i>no</i>	Address <i>3 + South</i>
Accident or Suicide	<i>Diphtheria Md</i>

J. C. Schuck & Son

3415 E. Baltimore St

Mt Carmel cemetery

March 10, 1909

Name
in
Full

Lillian Jeanette Travis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 304 Sixth St. Highland		Town Baltimore		County		MARYLAND	
Date of death 1909	Month Mar	Day 8	Age 3	Months	Days 3		
Sex Female	Color or Race White	Birth-place Baltimore Maryland					
Occupation		Where Residing if not at place of death		At place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Alton R. Travis		Father's Birthplace Toronto Can.					
Mother's Maiden Name Virgie Stella Geist		Mother's Birthplace York Penn.					
Name of person giving Information Virgie Stella Travis		How related to deceased Mother					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Pulmonary Pneumonia	How long 3 da
Immediate Exhaustion	How long 2 hr
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Jas. L. Gray MD.
	Address 324 Gough St. Goldsboro.
Accident or Suicide No	

J. B. Schuh & Son
3415 E. Baltimore st
Mt. Carmel cemetery
March 10, 1909

Name
in
Full

Michael Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

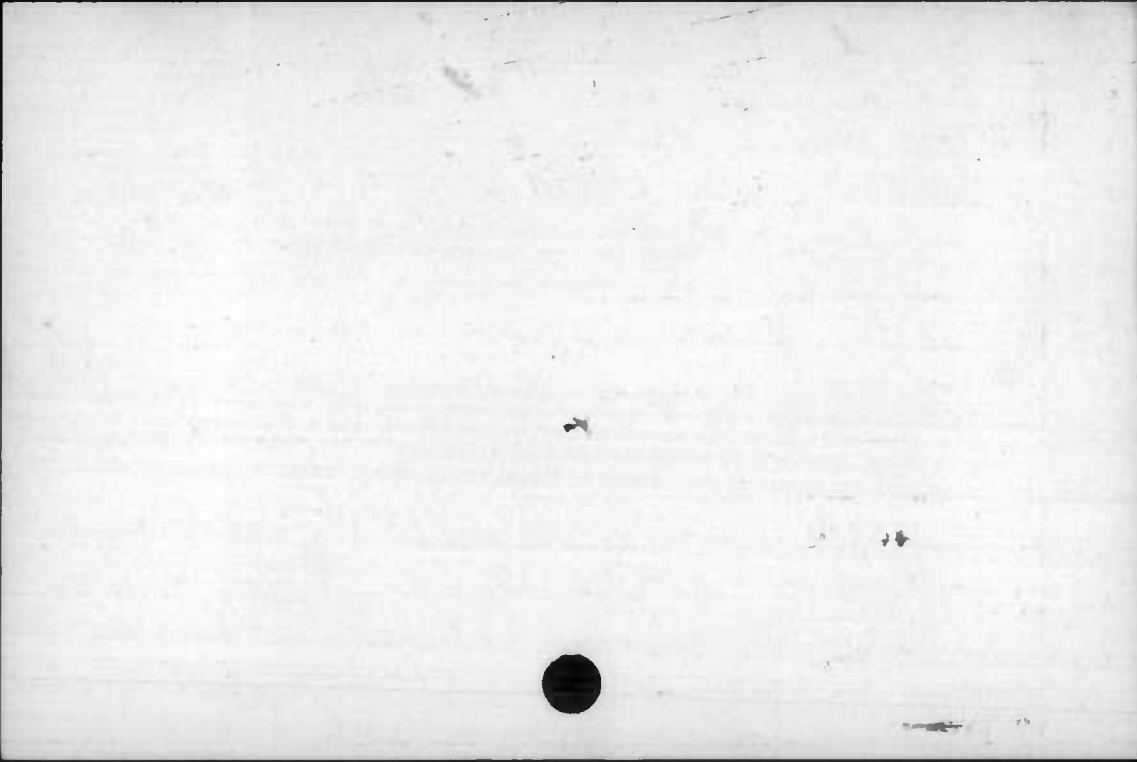
Died at <i>Mt Hope Retreat</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>10th</i>	Years <i>62</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Mass.</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Sitka Alaska</i>	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>	
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Recd. Mt Hope Retreat</i>		How related to deceased <i>Not at all</i>	

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary <i>Mania Chr. (Paranoia)</i>	How long <i>over 17 yrs</i>
Immediate <i>Ex. Cardiac Paralysis</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat Mt Hope Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grants</i>		County <i>Balt.</i>		MARYLAND	
Date of death	1909	Month	Mar	Day	7
Age	84	Years	6	Months	—
Sex	male	Color or Race	white	Birth-place	Ind
Occupation	irony	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Mary Triplett		
Father's Name	Edward Triplett	Father's Birthplace	Ind		
Mother's Maiden Name	Elizabeth Barker	Mother's Birthplace	Ind		
Name of person giving information	Laurie Triplett	How related to deceased	Daughter		

CAUSES OF DEATH

44

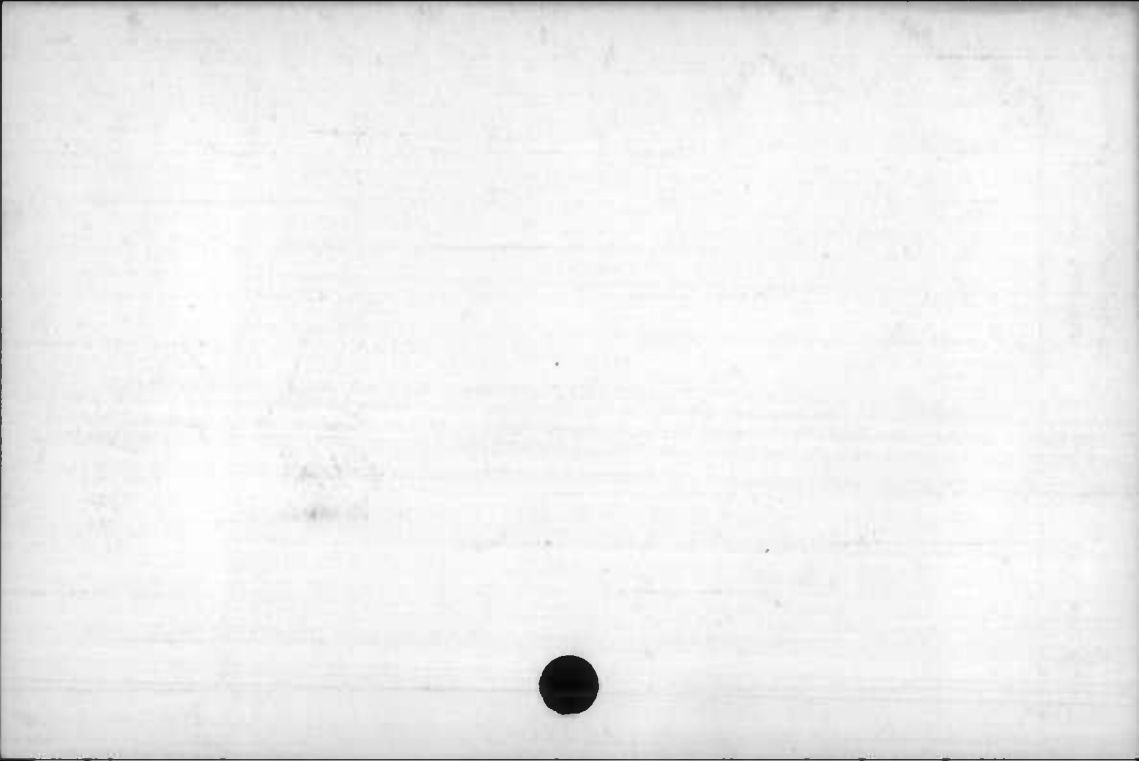
PHYSICIAN
OR CORONER

Primary	Carcinoma of face	How long	20 years
Immediate	Coma & Emphysema	How long	7 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>W. C. Triplett</i>
		Address	<i>Grants Ind</i>
Accident or Suicide?	no		



Name in Full		Laura Emma Turubauigh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hereford		County Baltimore		MARYLAND	
	Date of death	1909	Month Mar	Day 13	Age 39	Years 8	Months Days
	Sex	Female		Color or Race	White		
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Edward G. Turubauigh			
	Father's Name	Robert H. Maaps			Father's Birthplace Md. Carmel, Md.		
	Mother's Maiden Name	Carrie A. Thompson			Mother's Birthplace Md. Carmel, Md.		
Name of person giving information	Edward G. Turubauigh			How related to deceased Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Albuminuria				How long	6 to 9 months
	Immediate	Uraemia				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	A. R. Mitchell
						Address	Monkton, Md.
	Accident or Suicide?						

120



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Tyson

Died at

Freeland

Town

Baltimore

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1904 Mar 27

Age

70

Sex

Female

Color or
Race

White

Birth
place

Tenn

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Chas Tyson

Father's
Name

Samuel Savinille

Father's
Birthplace

unknown

Mother's
Maiden Name

Susan Trapp

Mother's
Birthplace

"

Name of person giving
information

Mrs Harvey Rife

How related
to deceased

Daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Corporal Distention + Voluntary

How long

several years

Immediate

Pulmonary Hemorrhage

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

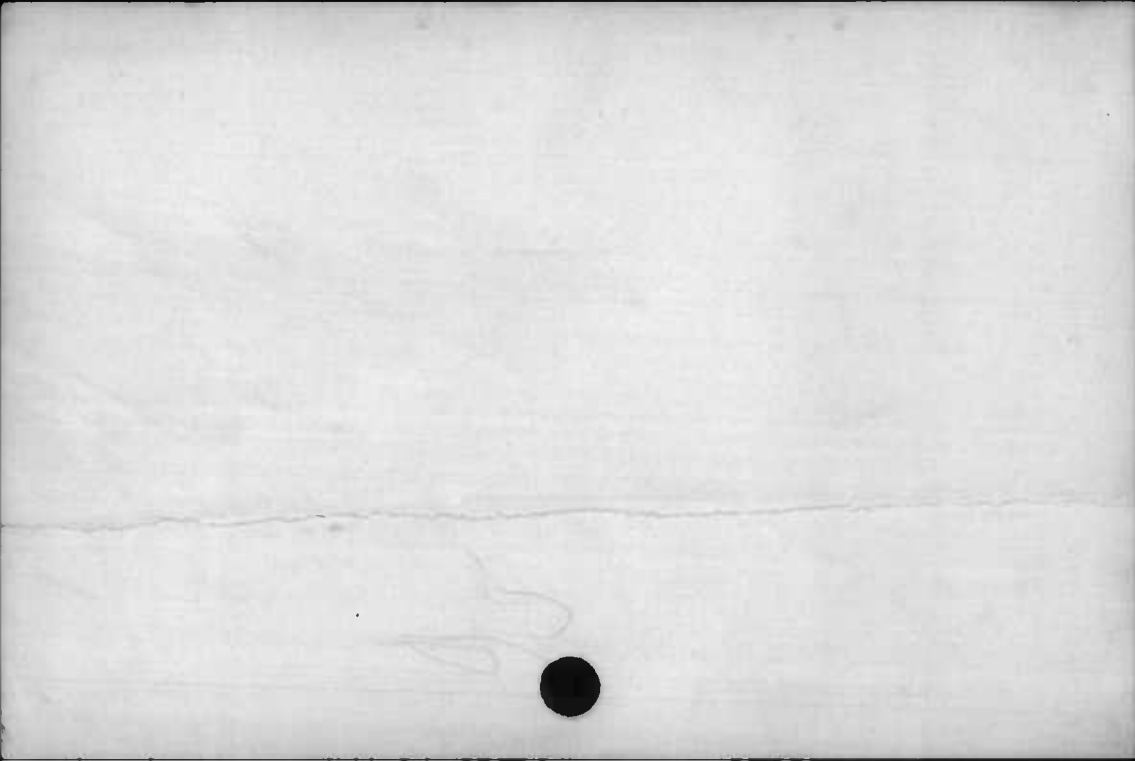
Signature of
Physician

C H Berry

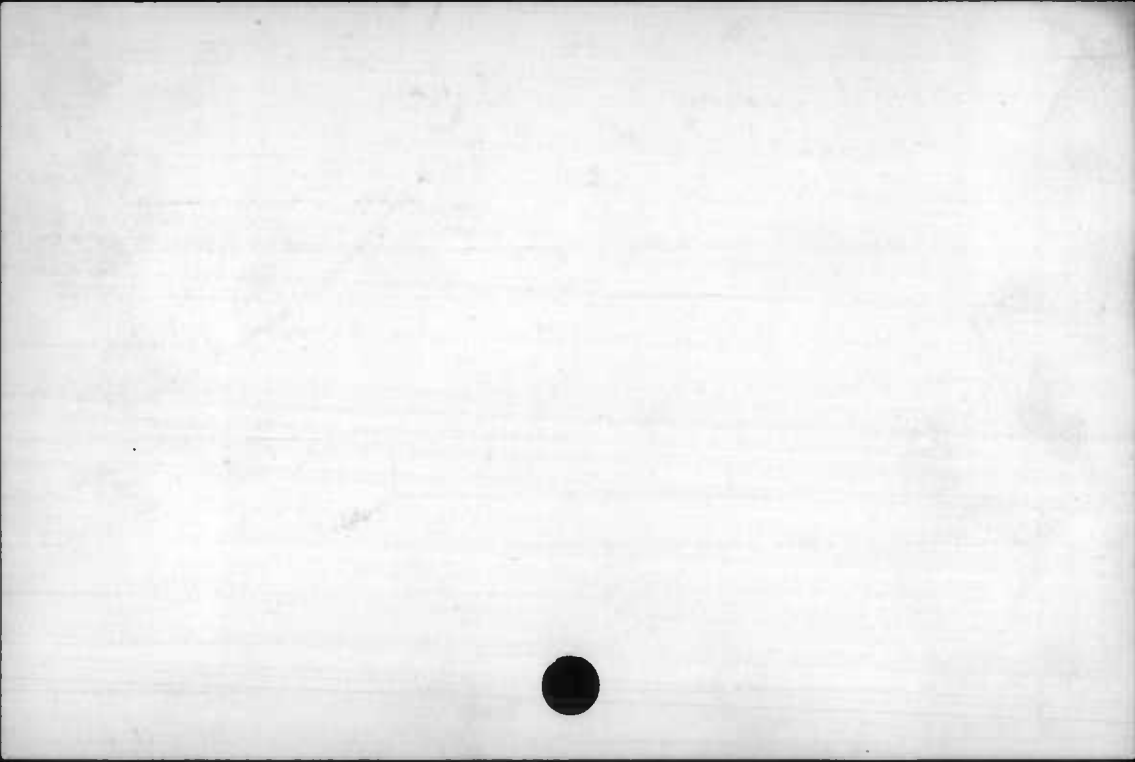
Address

Shrubby

Accident or Suicide?



Name is Full		Augustine Inkart				CERTIFICATE OF DEATH	
TO BE ANSWERED BY -NEAREST FRIEND	Died at		Town Franklinville		County Baltimore		MARYLAND
	Date of death		1909	Month March	Day 13 th	Age 0	Months 3
	Sex		Male		Color or Race White		Birth-place Wilmington Del.
	Occupation		Infant		Where Residing if not at place of death Franklinville		
	Married, Single or Widowed		Single		Name of Wife or Husband Single		
	Father's Name		John Inkart		Father's Birthplace Kingville Baltore		
	Mother's Maiden Name		Elizabeth Baldermann		Mother's Birthplace Wilmington Del.		
	Name of person giving information		Father		How related to deceased Father		
				CAUSES OF DEATH		(93)	
PHYSICIAN OR CORONER	Primary		Broussionia		How long Four days		
	Immediate		Commissions		How long Two hours		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Charles Bagley M.D.		
					Address Bagley; Mid. H.		
Accident or Suicide?							



Name
in
Full

Redford Watkinson Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dist. Washington		County Bacto		MARYLAND	
Date of death 190		Month 9	Day 25	Age 6	Years 8	Months —	Days 8
Sex Male		Color or Race White		Birth- place D.C.			
Occupation Retired Real Estate Broker		Where Residing if not place of death Dist. Wash					
Married, Single or Widowed Widower		Name of Wife or Husband Phebe A. Walker.					
Father's Name Geo W. Walker.		Father's Birthplace D.C.					
Mother's Maiden Name Mary Watkinson		Mother's Birthplace N. Y.					
Name of person giving Information Goblan E. Walker		How related to deceased Sons.					

CAUSES OF DEATH

81

Primary	Atherosclerosis	How long	5 years
Immediate	Exhaustion & Coma	How long	30 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		William L. Todd	
Address		Washington, Md	
Accident or Suicide			

PHYSICIAN
OR CORONER

Place of burial Washington D.C

Henry W. Jenkins & Sons Co
300 W. Madison St.

Name
in
Full

Mrs Barbara Louise Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dickeyville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1909	Month <i>March</i>	Day <i>26</i>	Age <i>56</i>	Months <i>8</i> Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balt. Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Basil Wallace</i>				
Father's Name <i>John Grosswald</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Annice Marie Holtzner</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Ben Rich's Mother</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Diabetic Phthisis</i>	How long <i>about 11 mos.</i>
Immediate <i>Pulmonary hemorrhage. Syncopy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Deanolt M. Manuian</i>
	Address <i>Dickeyville, Md.</i>
Accident or Suicide?	

George Schilling & Sons
Funeral Directors
N W. Carlsgruth & Monument sts
Balt'o Md

Burial to be in Holy Family Cemetery
Harrisonville
Balt'o Co Md

Name
in
Full

Raymond Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{own} Mt Hope Retreat ^{County} Baltimore MARYLAND

Date of death 1909 ^{Month} March ^{Day} 21 ^{Years} Age 28 ^{Months} Not Known ^{Days} Not Known

Sex Male Color or Race White Birth-place Va

Occupation Draftsman Where Residing if not at place of death Portsmouth Va

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name " " " Mother's Birthplace " " "

Name of person giving Information Reeds Mt Hope How related to deceased Not at all

CAUSES OF DEATH

68

PHYSICIAN
OR CORNER

Primary Mania Obs. How long over 1 year

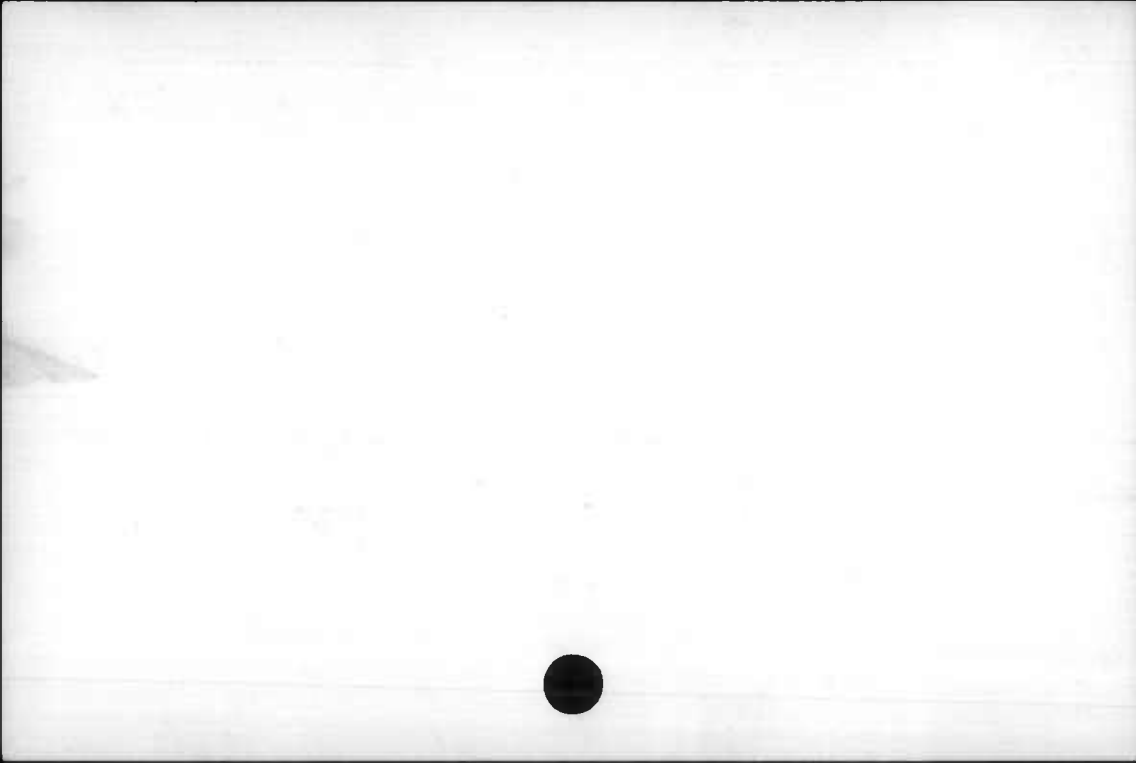
Immediate Ex-Hypostatic Congest. How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

Address Mt Hope Retreat

Accident or Suicide



Name
in
Full

Lally Elliott Walsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

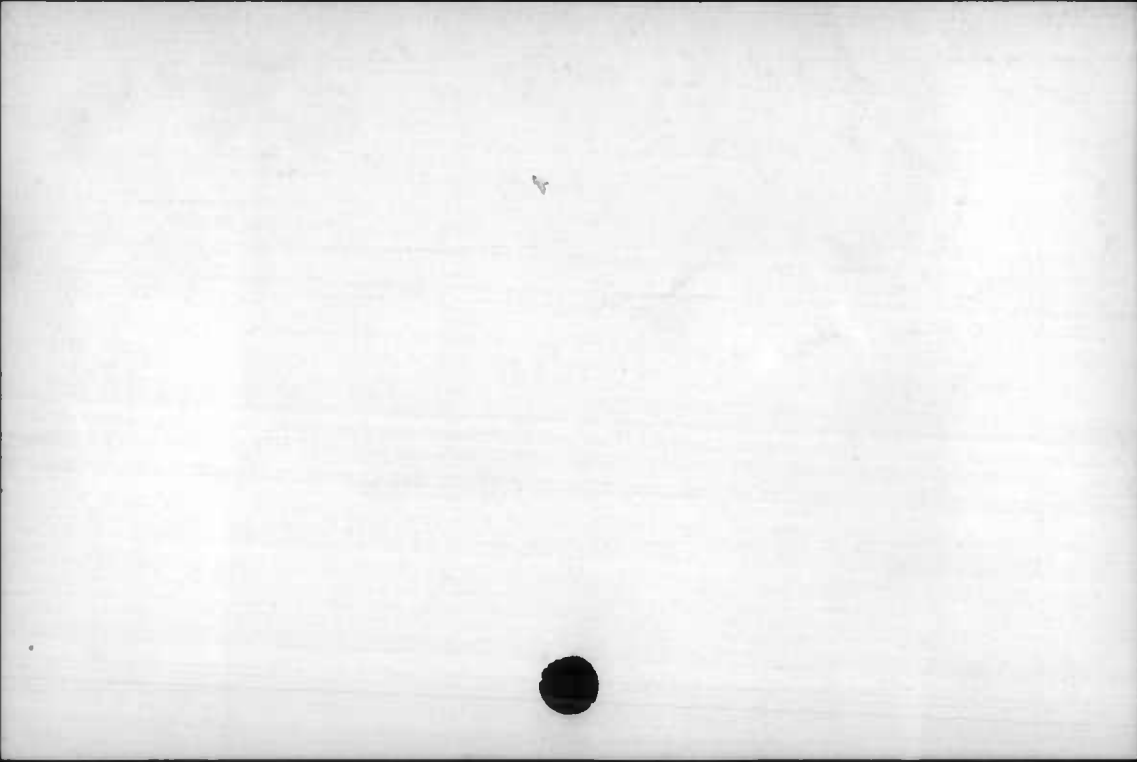
Died at		Town Calonsville		County Baltimore		MARYLAND	
Date of death		Month March	Day 19 th	Years 1909	Age 42	Months 0	Days 38
Sex Female		Color or Race White		Birth-place Calonsville			
Occupation Sewing at home				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband John Leonard Walsh					
Father's Name Reuben Jones				Father's Birthplace Calonsville			
Mother's Maiden Name Julia W. Thomas				Mother's Birthplace Calonsville			
Name of person giving information Florence Jones				How related to deceased Sister			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Epileptic 7 years	How long 11 months
Immediate	Anemic Hemorrhage	How long 1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address 1410 Park Avenue Baltimore
Accident or Suicide?		



in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	7	about	33	don't know	don't know
Sex	Male		Color or Race	White		Birth-place	Balto. Co.
Occupation	Electric car repairer		Where Residing if not at place of death		1842 Hartford Ave., Baltimore, Md.		
Married, Single or Widowed	Married		Name of Wife or Husband		Seina Knight Walter		
Father's Name	Henry Walter				Father's Birthplace	Germany	
Mother's Maiden Name	Mary Elizabeth Langkham				Mother's Birthplace	don't know	
Name of person giving information	William E. Threll				How related to deceased	brother-in-law	

Fell from top of car, head first
into cement pit.

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Accidental fall	How long	immediate
Immediate	fracture of skull	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		H. Holliday Emich	
Address		Arlington, Md.	
Accident or Suicide?		Accident.	



Name
in
Full

Sarah Elizabeth Gathnis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belfast</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1909</u> <u>3</u> ^{Month}		<u>13</u> ^{Day}	<u>60</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Not known</u>	
Occupation <u>House wife</u>		Where Residing if not at place of death <u> </u>			
Married, <u>Single</u> or Widowed		Name of Wife or Husband <u>Columbus Gathnis</u>			
Father's Name <u>John Delcamp</u>		Father's Birthplace <u>Not known</u>			
Mother's Maiden Name <u>Elizabeth Thomas</u>		Mother's Birthplace <u>Not known</u>			
Name of person giving information <u>Miss Cora Hale</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Arterio sclerosis</u>	<u>64</u> How long	<u>3 years</u>
Immediate	<u>Cerebral hemorrhage</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. Sherman M.D.</u>	
		Address <u>Glencoe Md.</u>	
Accident or Suicide? <u> </u>			

Interment at St James
Cemetery Tuesday 16th

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Rudolph Weber
Town Canton County Balto

MARYLAND

Died at Date of death 1909 Month March Day 30th Age 54 Years Months Days

Sex Male Color or Race White Birth-place Germany
Occupation Fireman Where Residing if not place of death 5005 O'Donnell St

Married, Single or Widow Married Name of Wife Caroline Serate

Father's Name Dont Know Birthplace Germany

Mother's Maiden Name Dont Know Birthplace "

Name of person giving Information Caroline Weber How related to deceased Wife

CAUSES OF DEATH

Primary Hemiplegia 7 days.
As Themia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. J. Mcaway
839 S. Canton St.

Accident or Suicida

Howard Cemetery.

Roseville Balto Co.

April 2nd 1909.

Lilly and Zeiler.

Undertakers.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Henry West - cold.

Died at *Denmore Park* *Baltimore* *MARYLAND*

Date of death *1909, March 16* Age *51* Months *no* Days *no*

Sex *Male* Color or Race *Colored* Birth-place *Prince George Co.*

Occupation *Waiter* Where Residing if not at place of death *1454 W. Carey St. Baltimore City.*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie T. West*

Father's Name *Richard Henry West* Father's Birthplace *Prince George Co.*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving Information *Henry Richard Edw. West* How related to deceased *Son.*

CAUSES OF DEATH

(64)

Primary *Bright's disease* How long *about 1 1/2 yrs.*

Immediate *Cerebral apoplexy* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician or Coroner *H. Holliday Emish*

Address *Arlington, Md.*

Accident or Suicide *Natural or Accident*

Felix B Rye

107 E Mulberry St -
St Petersburg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Daniel A. Wherley* Town *Choppok* County *Baltimore*

Died at *#20 Evans Choppok Road*

Date of death *1909* Month *Mar* Day *17* Age *59* Years Months *5* Days *22*

Sex *Male* Color or Race *white* Birth-place *Pa*

Occupation *Laborer* Where Residing if not at place of death *20 Evans Choppok Road*

Married, Single or Widowed *Married* Name of Wife or Husband *May Wherley*

Father's Name *Jessie Wherley* Father's Birthplace *Pa*

Mother's Maiden Name *Anna Bucker* Mother's Birthplace *Pa*

Name of person giving information *Mrs Wherley* How related to deceased *wife*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *6 months*

Immediate *Exhaustion* How long *recent.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Robert B Bacon, M.D.*

Address *1110 McCulloch St.*

Baltimore, Md.

Accident or Suicide? *—*

St Mary S. Knapfield
St. S. Marshall
3539 Fells Park
Mar 20 1907

1111 McCord St

Name
in
Full

William, D. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	8	26	26	0	0
Sex		Color or Race		Birth-place			
Male		American		Belt			
Occupation		Where Residing if not at place of death					
Real Estate		Govinstown					
Married, Single or Widowed		Name of Wife or Husband					
Married		Bunnie Wilson					
Father's Name		Father's Birthplace					
Wm Wilson		Belt md					
Mother's Maiden Name		Mother's Birthplace					
Virginia Bramblitt		Belt md					
Name of person giving information		How related to deceased					
Blanche Bode		Sister					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. H. Duncan	
		Address	
		Govinstown	
Accident or Suicide?			

Jos. Jordens & Son.

217. South Paca st

Opp. Columbia. Ave.

Balt. Ind.

Baltimore County

Thursday - 2 o'clock

August 22nd

Suit to Mrs. Nelson

Nelson

Worship Ave. - near
School houses

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John W Wink		Town Lock Haven		County Balto		State MARYLAND	
Died at		Month Mar		Day 17		Years 94	
Date of death		Months		Days			
Sex male		Color or Race white		Birth-place			
Occupation Retired		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name —		Father's Birthplace —					
Mother's Maiden Name —		Mother's Birthplace —					
Name of person giving information Mary E. Wink		How related to deceased —					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	2 yrs
Immediate	Senile Debility	How long	2 yrs
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Genryl. Ingmond	
		Address Hamilton	
Accident or Suicide? No		md, 14	

Entermont
Boeth Cernst
Graun & Laufel
under Tentis

Name
in
Full

Charles Woolman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town 4809 Eastern Ave E. H.		County Baltimore Co.		MARYLAND	
Date of death	1909	Month March	Day 6	Age 37	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Baltimore Md
Occupation	Saboteur			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Josephine Woolman			
Father's Name	Charles Woolman					Father's Birthplace	Md.
Mother's Maiden Name	Unknown					Mother's Birthplace	Ind
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Sobar Pneumonia		How long	4 days
Immediate	Toxemia Exhaustion		How long	4
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			421 Wehage St.	
			Baltimore Md.	
Accident or Suicide?				

Frank & Grace & Son
1904 Ashland Co.

Mt. Carmel Cemetery
March 9/09

Name
in
Full

Josephine R. Woolman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown^{County} Balto.

Date of death 1909

Month 3

Day 31

Age

Years 43

Months 6

Days 15

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

4809 Eastern Ave

Married, Single

or Widowed

Widow

Name of Wife or
Husband

Charles Woolman

Father's
Name

John Schillbach

Father's
Birthplace

Germany

Mother's
Maiden Name

Katharine Klima

Mother's
Birthplace

Germany

Name of person giving
information

Mary B. Hazchard

How related
to deceased

daughter

CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

7 days

Immediate

Edema of lungs, Toxemia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

S. G. Schurick M.D.

Address

421 Wehage St.

Balto Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

St Alphonsus Cemetery
April 2nd 1909

Lilly and Zeiler
Undertakers

Name
in
Full

Millard W. Yeatman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanraville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month} <i>3</i>	<i>18</i> ^{Day}	Age <i>10</i> ^{Years}	<i>3</i> ^{Months}	<i>18</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation _____		Where Residing if not at place of death <i>Lanraville Ind</i>			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Millard W Yeatman</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Clara E Billingsley</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Clara E Billingsley</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>About 5 months</i>
Immediate <i>Heart Disease</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. Young Westhook</i>
<i>Yes</i>	Address <i>257 Garman Ave</i>
Accident or Suicide?	<i>Baltimore Md</i> <i>14</i>

Perry Hall
Cametery

Name in Full		Certificate of Death			
James Frederick Young		Town Washington		County Baltimore	
Died at		Date of death		Maryland	
Month 9		Day 13		Age 0	
Sex male		Color or Race white		Birth-place Washington	
Occupation none		Where Residing if not at place of death same		Months 0	
Married, Single or Widowed single		Name of Wife or Husband none		Days 22	
Father's Name Frederick D. Young		Father's Birthplace Baith Co Md			
Mother's Maiden Name Martha Ellen Snodgrass		Mother's Birthplace Cecil Md			
Name of person giving information F. D. Young		How related to deceased father			
CAUSES OF DEATH					
Primary Pneumonia		How long		93	
Immediate Apnea		How long		3 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician William J. Fould			
		Address Washington Md			
Accident or Suicide?					

St. Mary & Hampden
A S Marshall 3539 Falls Road
Mar. 15-1909

Name

in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Winans</i>		Town <i>Balto</i>		County <i>X</i>		MARYLAND	
Date of death	1909	Month	3	Day	22	Age	38
Sex	Male		Color or Race	Colored		Birth-place	Unknown
Occupation	Unknown			Where Residing if not at place of death		Unknown	
Married, Single or Widowed	Unknown		Name of Wife or Husband	Unknown			
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Philip March					How related to deceased	Nephew

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Drowning in water</i>	How long	<i>Immediately</i>
Immediate	<i>Drowning</i>	How long	<i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician or Coroner	<i>August W. Miller (Coroner)</i>
		Address	<i>Mr Winans</i>
Accident or Suicide?	<i>accident</i>		<i>Balto. Co. Md.</i>

Nicholas Fink.

Mt Zion

Cemetery